

Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	6-27-24		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.					
Activity Name	Bowling	Destination of Trip	Five Star Bowling		
Destination Phone	586-939-2550	Student Cost	22	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	Pizza lunch & pop		
Departure Location	Cherokee Elementary School	Departure Time	9:15 am		
Return Location	Cherokee Elementary School	Return Time	1:00 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student Name	<input type="checkbox"/>	Address	<input type="checkbox"/>		
Parent/Guardian(s)	<input type="checkbox"/>	Parent/Guardian Phone	<input type="checkbox"/>		
Secondary Contact	<input type="checkbox"/>	Secondary Phone	<input type="checkbox"/>		
Emergency Phone	<input type="checkbox"/>	Date(s) of Trip	6-27-24		
Activity Name	Bowling	Destination of Trip	Five Star Bowling		
Destination Phone	586-939-2550	Student Cost	22	Chaperone Cost	N/A
Food Provision	Pizza lunch & pop	Transportation	Chippewa Valley Schools bus		
Departure Location	Cherokee Elementary School	Departure Time	9:15 am		
Return Location	Cherokee Elementary School	Return Time	1:00 pm		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

My child will not be participating in the above activity.

Parent Signature	<input type="checkbox"/>	Date	<input type="checkbox"/>
-------------------------	--------------------------	-------------	--------------------------

Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	7-25-24		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.					
Activity Name	Cranbrook Science Center & Planetarium	Destination of Trip	Cranbrook Science Center & Planetarium		
Destination Phone	248-645-3200	Student Cost	22	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	none		
Departure Location	Cherokee Elementary School	Departure Time	8:45 am		
Return Location	Cherokee Elementary School	Return Time	12:00 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student Name	<input type="checkbox"/>	Address	<input type="checkbox"/>		
Parent/Guardian(s)	<input type="checkbox"/>	Parent/Guardian Phone	<input type="checkbox"/>		
Secondary Contact	<input type="checkbox"/>	Secondary Phone	<input type="checkbox"/>		
Emergency Phone	<input type="checkbox"/>	Date(s) of Trip	7-25-24		
Activity Name	Cranbrook Science Center & Planetarium	Destination of Trip	Cranbrook Science Center & Planetarium		
Destination Phone	248-645-3200	Student Cost	22	Chaperone Cost	N/A
Food Provision	none	Transportation	Chippewa Valley Schools bus		
Departure Location	Cherokee Elementary School	Departure Time	8:45 am		
Return Location	Cherokee Elementary School	Return Time	12:00 pm		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

My child will not be participating in the above activity.

Parent Signature	<input type="checkbox"/>	Date	<input type="checkbox"/>
-------------------------	--------------------------	-------------	--------------------------

Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	7-10-24		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.					
Activity Name	Jimmy John's Field Tour & Erma's Custard	Destination of Trip	Jimmy John's Field & Erma's		
Destination Phone	248-601-2400	Student Cost	22	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	Hot dog, chips, drink, frozen custard		
Departure Location	Cherokee Elementary School	Departure Time	9:15 am		
Return Location	Cherokee Elementary School	Return Time	1:30 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student Name	<input type="checkbox"/>	Address	<input type="checkbox"/>		
Parent/Guardian(s)	<input type="checkbox"/>	Parent/Guardian Phone	<input type="checkbox"/>		
Secondary Contact	<input type="checkbox"/>	Secondary Phone	<input type="checkbox"/>		
Emergency Phone	<input type="checkbox"/>	Date(s) of Trip	7-10-24		
Activity Name	Jimmy John's Field Tour & Erma's	Destination of Trip	Jimmy John's Field & Erma's		
Destination Phone	248-601-2400	Student Cost	22	Chaperone Cost	N/A
Food Provision	Hot dog, chips, drink, frozen custard	Transportation	Chippewa Valley Schools bus		
Departure Location	Cherokee Elementary School	Departure Time	9:15 am		
Return Location	Cherokee Elementary School	Return Time	1:30 pm		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

My child will not be participating in the above activity.

Parent Signature	<input type="checkbox"/>	Date	<input type="checkbox"/>
-------------------------	--------------------------	-------------	--------------------------

Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	8-1-24		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.					
Activity Name	Kensington Metro Park Nature Center & Farm	Destination of Trip	Kensington Metro Park		
Destination Phone	248-684-8632	Student Cost	22	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	Bring bag lunch from home		
Departure Location	Cherokee Elementary School	Departure Time	8:45 am		
Return Location	Cherokee Elementary School	Return Time	3:00 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student Name	<input type="checkbox"/>	Address	<input type="checkbox"/>		
Parent/Guardian(s)	<input type="checkbox"/>	Parent/Guardian Phone	<input type="checkbox"/>		
Secondary Contact	<input type="checkbox"/>	Secondary Phone	<input type="checkbox"/>		
Emergency Phone	<input type="checkbox"/>	Date(s) of Trip	8-1-24		
Activity Name	Kensington Metro Park Nature Center & Farm	Destination of Trip	Kensington Metro Park		
Destination Phone	248-684-8632	Student Cost	22	Chaperone Cost	N/A
Food Provision	Bring bag lunch from home	Transportation	Chippewa Valley Schools bus		
Departure Location	Cherokee Elementary School	Departure Time	8:45 am		
Return Location	Cherokee Elementary School	Return Time	3:00 pm		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

My child will not be participating in the above activity.

Parent Signature	<input type="checkbox"/>	Date	<input type="checkbox"/>
-------------------------	--------------------------	-------------	--------------------------

Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	6-20-24		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.					
Activity Name	MJR Inside Out Movie	Destination of Trip	MJR Patridge Creek		
Destination Phone	248-220-3093	Student Cost	22	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	Popcorn, fruit snack & pop		
Departure Location	Cherokee Elementary School	Departure Time	9:15 am		
Return Location	Cherokee Elementary School	Return Time	12:00 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student Name	<input type="checkbox"/>	Address	<input type="checkbox"/>		
Parent/Guardian(s)	<input type="checkbox"/>	Parent/Guardian Phone	<input type="checkbox"/>		
Secondary Contact	<input type="checkbox"/>	Secondary Phone	<input type="checkbox"/>		
Emergency Phone	<input type="checkbox"/>	Date(s) of Trip	6-20-24		
Activity Name	MJR Inside Out Movie	Destination of Trip	MJR Patridge Creek		
Destination Phone	248-220-3093	Student Cost	22	Chaperone Cost	N/A
Food Provision	Popcorn, fruit snack & pop	Transportation	Chippewa Valley Schools bus		
Departure Location	Cherokee Elementary School	Departure Time	9:15 am		
Return Location	Cherokee Elementary School	Return Time	12:00 pm		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

My child will not be participating in the above activity.

Parent Signature	<input type="checkbox"/>	Date	<input type="checkbox"/>
-------------------------	--------------------------	-------------	--------------------------

Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	7-24-24		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.					
Activity Name	Sterling Heights Splash Pad	Destination of Trip	Sterling Heights Splash Pad		
Destination Phone	586-446-2705	Student Cost	15	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	None		
Departure Location	Cherokee Elementary School	Departure Time	9:15 am		
Return Location	Cherokee Elementary School	Return Time	12:00 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student Name	<input type="checkbox"/>	Address	<input type="checkbox"/>		
Parent/Guardian(s)	<input type="checkbox"/>	Parent/Guardian Phone	<input type="checkbox"/>		
Secondary Contact	<input type="checkbox"/>	Secondary Phone	<input type="checkbox"/>		
Emergency Phone	<input type="checkbox"/>	Date(s) of Trip	7-24-24		
Activity Name	Sterling Heights Splash Pad	Destination of Trip	Sterling Heights Splash Pad		
Destination Phone	586-446-2705	Student Cost	15	Chaperone Cost	N/A
Food Provision	none	Transportation	Chippewa Valley Schools bus		
Departure Location	Cherokee Elementary School	Departure Time	9:15 am		
Return Location	Cherokee Elementary School	Return Time	12:00 pm		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

My child will not be participating in the above activity.

Parent Signature	<input type="checkbox"/>	Date	<input type="checkbox"/>
-------------------------	--------------------------	-------------	--------------------------

Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	7-11-24		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.					
Activity Name	Swim	Destination of Trip	Macomb Twp Aquatic Center		
Destination Phone	586-992-2900	Student Cost	15	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	None		
Departure Location	Cherokee Elementary School	Departure Time	11:30 am		
Return Location	Cherokee Elementary School	Return Time	2:30 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student Name	<input type="checkbox"/>	Address	<input type="checkbox"/>		
Parent/Guardian(s)	<input type="checkbox"/>	Parent/Guardian Phone	<input type="checkbox"/>		
Secondary Contact	<input type="checkbox"/>	Secondary Phone	<input type="checkbox"/>		
Emergency Phone	<input type="checkbox"/>	Date(s) of Trip	7-11-24		
Activity Name	Swim	Destination of Trip	Macomb Twp Aquatic Center		
Destination Phone	586-992-2900	Student Cost	15	Chaperone Cost	N/A
Food Provision	none	Transportation	Chippewa Valley Schools bus		
Departure Location	Cherokee Elementary School	Departure Time	11:30 am		
Return Location	Cherokee Elementary School	Return Time	2:30 pm		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

My child will not be participating in the above activity.

Parent Signature	<input type="checkbox"/>	Date	<input type="checkbox"/>
-------------------------	--------------------------	-------------	--------------------------

Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	7-17-24		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.					
Activity Name	Swim	Destination of Trip	Macomb Twp Aquatic Center		
Destination Phone	586-992-2900	Student Cost	15	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	None		
Departure Location	Cherokee Elementary School	Departure Time	11:30 am		
Return Location	Cherokee Elementary School	Return Time	2:30 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student Name	<input type="checkbox"/>	Address	<input type="checkbox"/>		
Parent/Guardian(s)	<input type="checkbox"/>	Parent/Guardian Phone	<input type="checkbox"/>		
Secondary Contact	<input type="checkbox"/>	Secondary Phone	<input type="checkbox"/>		
Emergency Phone	<input type="checkbox"/>	Date(s) of Trip	7-17-24		
Activity Name	Swim	Destination of Trip	Macomb Twp Aquatic Center		
Destination Phone	586-992-2900	Student Cost	15	Chaperone Cost	N/A
Food Provision	none	Transportation	Chippewa Valley Schools bus		
Departure Location	Cherokee Elementary School	Departure Time	11:30 am		
Return Location	Cherokee Elementary School	Return Time	2:30 pm		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

My child will not be participating in the above activity.

Parent Signature	<input type="checkbox"/>	Date	<input type="checkbox"/>
-------------------------	--------------------------	-------------	--------------------------

Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	7-31-24		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.					
Activity Name	Swim	Destination of Trip	Macomb Twp Aquatic Center		
Destination Phone	586-992-2900	Student Cost	15	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	None		
Departure Location	Cherokee Elementary School	Departure Time	11:30 am		
Return Location	Cherokee Elementary School	Return Time	2:30 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student Name	<input type="checkbox"/>	Address	<input type="checkbox"/>		
Parent/Guardian(s)	<input type="checkbox"/>	Parent/Guardian Phone	<input type="checkbox"/>		
Secondary Contact	<input type="checkbox"/>	Secondary Phone	<input type="checkbox"/>		
Emergency Phone	<input type="checkbox"/>	Date(s) of Trip	7-31-24		
Activity Name	Swim	Destination of Trip	Macomb Twp Aquatic Center		
Destination Phone	586-992-2900	Student Cost	15	Chaperone Cost	N/A
Food Provision	none	Transportation	Chippewa Valley Schools bus		
Departure Location	Cherokee Elementary School	Departure Time	11:30 am		
Return Location	Cherokee Elementary School	Return Time	2:30 pm		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

My child will not be participating in the above activity.

Parent Signature	<input type="checkbox"/>	Date	<input type="checkbox"/>
-------------------------	--------------------------	-------------	--------------------------

Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	7-18-24		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.					
Activity Name	Urban Air Trampoline Park	Destination of Trip	Urban Air Trampoline Park		
Destination Phone	877-462-7262	Student Cost	22	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	None		
Departure Location	Cherokee Elementary School	Departure Time	9:15 am		
Return Location	Cherokee Elementary School	Return Time	12:00 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student Name	<input type="checkbox"/>	Address	<input type="checkbox"/>		
Parent/Guardian(s)	<input type="checkbox"/>	Parent/Guardian Phone	<input type="checkbox"/>		
Secondary Contact	<input type="checkbox"/>	Secondary Phone	<input type="checkbox"/>		
Emergency Phone	<input type="checkbox"/>	Date(s) of Trip	7-18-24		
Activity Name	Urban Air Trampoline Park	Destination of Trip	Urban Air Trampoline Park		
Destination Phone	877-462-7262	Student Cost	22	Chaperone Cost	N/A
Food Provision	none	Transportation	Chippewa Valley Schools bus		
Departure Location	Cherokee Elementary School	Departure Time	9:15 am		
Return Location	Cherokee Elementary School	Return Time	12:00 pm		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:

If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

My child will not be participating in the above activity.

Parent Signature	<input type="checkbox"/>	Date	<input type="checkbox"/>
-------------------------	--------------------------	-------------	--------------------------