



OAKLAND TECHNICAL HIGH SCHOOL
D TRIP/EXCURSION PERMISSION SLIP
(Student)

NOTIFICATION TO FACULTY

(This form must be signed by all teachers and returned to Teacher Sponsor not later than 2 weeks prior to the field trip.)

Student Name: _____

Destination: _____
_____ places and/or activity(ies)/event(s)

Date(s) of trip: _____. Field trip/excursion is scheduled to leave from _____
at _____ on _____, and return to School at approximately _____ on _____.
time a.m./p.m. date time a.m./p.m. date

Students participating in this learning experience must receive signatures from their teachers:

COURSE	TEACHER'S SIGNATURE
Per. 1	
Per. 2	
Per. 3	
Per. 4	
Per. 5	
Per. 6	
Per. 7	
Per. 8	

Teacher Sponsor: _____
_____ print name signature date

Substitute needed? **YES** **NO**
Circle one

Administrator Approval: _____
signature date