

FIELD TRIP APPLICATION AND PERMISSION FORM Appendix B
SHAWNEE MISSION SCHOOL DISTRICT

Within School Day _____ Beyond School Day _____ Name of School Shawnee Mission East

Organization Applying SHARE

Date of Field Trip 10/16/19 Time of Departure varies Estimated Time of Return varies

Field Trip Origination and Termination Point SME

Specific Location of Field Trip Activity various non-profit organizations in the KC area
(Specific Place, City, State)

Rationale For Taking This Field Trip SME Senior Service Day projects

Mode of Transportation fewer than 25 students-student carpools; more than 25 students-buses provided
(Name of Carrier and Type of Transportation)

Cost Per Student 0 How Financed SHARE

Number of Students Involved 450 Number of Supervisory Personnel Involved varies by project

Brief Itinerary of This Field Trip Senior students will meet their student volunteer teams at SME at designated times throughout the day on October 16 and travel out into the community to sever various non-profit organizations. Students will return to SME.

Requested By Sheryl Kaplan (Sheryl Kaplan) 9/13/19
(Teacher/Sponsor Signature) (Date)

School nurse at the home attendance building has been notified of all students from his/her building attending this field trip in order to provide for medical needs during transportation and/or while at the field trip destination. *** A copy of this form has been given to the nurse. ***

Jeff Storey 9/13/19 _____ Approved _____ Disapproved
(Building Principal) (Date)

_____ Approved _____ Disapproved
(District Administrator) (Date)

The purpose of this form is to inform you of the above planned activity. Before your child will be allowed to participate in the above activity, it will be necessary for you to provide your consent. This activity will be supervised by adults. It may be necessary to alter some of the details of this activity outlined above, but efforts will be made to retain normal supervision for the safety and welfare of all field trip participants. Please mark one of the statements below and sign where indicated. Failure to return this form will prevent your child from participating in the above activity.

My child may participate in this activity. _____ My child may not participate in this activity. *(If this option is selected, please see question below.)*

Reason my child may not participate in this activity? _____

Student Name (Please print) (Parent Signature) (Date)

Student Signature (if 18 years old)

Revised 7/19