

DICKSON COUNTY HIGH SCHOOL

FIELD TRIP FORM

A field trip to _____ on _____ has been
Destination Date

planned for _____ by _____ / _____
Student Teacher Subject

Please indicate by circling and signing below if you approve or disapprove this student missing class for the field trip.

First Period – APPROVE/DISAPPROVE (attendance, grades, other) _____
Signature

Second Period – APPROVE/DISAPPROVE (attendance, grades, other) _____
Signature

Third Period – APPROVE/DISAPPROVE (attendance, grades, other) _____
Signature

Fourth Period – APPROVE/DISAPPROVE (attendance, grades, other) _____
Signature

Fifth Period – APPROVE/DISAPPROVE (attendance, grades, other) _____
Signature

Sixth Period – APPROVE/DISAPPROVE (attendance, grades, other) _____
Signature

Seventh Period – APPROVE/DISAPPROVE (attendance, grades, other) _____
Signature

This student will not be counted absent from your class if approved to participate in this field trip.

Student is to return form to teacher conducting field trip.