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 disap	prove this student missing
class for the field trip.		
First Period – APPROVE/DISAPPROVE (attended)	dance, grades, other)	
, , , , , , , , , , , , , , , , , , , ,		Signature
Second Period – APPROVE/DISAPPROVE (atte	endance, grades, other)	
		Signature
Third Period – APPROVE/DISAPPROVE (atten	dance, grades, other) _	
		Signature
Fourth Period – APPROVE/DISAPPROVE (atte	endance, grades, other)	Signature
		-
Fifth Period – APPROVE/DISAPPROVE (attended)	dance, grades, other)	Signature
Civith Davied ADDDOVE/DICADDDOVE (attack	danaa ayadaa atbay)	
Sixth Period – APPROVE/DISAPPROVE (atten-	uance, grades, other)	Signature
Seventh Period – APPROVE/DISAPPROVE (at	tendance, grades, other)
(40	eendaniee, grades, eene	Signature
This student will not be counted absent from trip.	n your class if approved	to participate in this field
Student is to return form to teacher conduct	ing field trip.	