

NORTH PIKE SCHOOL DISTRICT

1036 Jaguar Trail • Summit, Mississippi 39666
www.npsd.k12.ms.us

Dennis E. Penton
Superintendent of Education

Telephone (601) 276-2216
Fax (601) 276-3666

SCHOOL SPONSORED FIELD TRIP INFORMATION

- (1) Departure Date and Time: _____
- (2) Estimated Time of Arrival at Destination: _____
- (3) Estimated Time of Arrival Back at School: _____
- (4) Give the route taken and identify any stops to be made in route:

On a separate sheet list the names of all students going on the field trip. One copy of the roster and field trip information will be retained by the principal, and the sponsor of the activity will keep the second copy.

Remember, before a student is allowed to go on a school-sponsored field trip, the parent must have signed the school form giving permission to go on the trip.

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FIELD TRIPS

On any occasion when a teacher or other personnel are escorting students on off campus trips during the regular school year, the following form must be executed:

The trip will be to _____
There will be _____ pupils under the supervision of _____

Departure date: _____

Return date: _____

Please state briefly the purpose of the trip:

Signature: _____
Teacher

Principal

APPROVED: _____

REJECTED: _____

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PARENT/LEGAL GUARDIAN AUTHORIZATION

I am a parent or legal guardian of _____, a student
of the North Pike Public Schools, Summit, Mississippi.

I do hereby give my permission for my child to go on a school trip to
_____. I do hereby release the school,
_____, who is the teacher or administrator in charge,
and other teachers and other parents who may accompany the children on the
trip from any claim or cause of action, which may occur on the trip.

In the event my child should require medical attention, I do hereby name,
nominate, and appoint the teacher or administrator in charge my attorney-in-fact
for the strict purpose of authorizing medical care or treatment for my child, and to
do so with the same force and effect as if I had personally so authorized such
treatment. The teacher or administrator in charge shall use every reasonable
effort to notify me prior to authorizing major treatment.

A photostatic copy of this authorization shall have the same effect as the
original for all purposes.

Signed this _____ day of _____, _____.

Signature of parent /legal guardian

**Indicate any special medical problems your child has that the school should be
aware of.

BUS REQUISITION

DATE: _____

This is a requisition to use a North Pike School District bus for the activity of _____ on the following date _____. The driver of the bus is to be _____ and the number of the bus is _____.

The trip will be to _____. There will be _____ pupils under the supervision of _____. The bus is to leave from _____ at _____ o'clock and return at _____ o'clock.

Our school assumes responsibility for the bus and agrees to conform to all rules of the State Board of Education and the North Pike School District.

Principal

**After Mr. Hallmark has approved and signed this form, please fax this form to the North Pike Transportation Dept. @ 601-249-2622