

REQUEST FOR FIELD TRIPS

DATE OF APPLICATION _____ PROGRAM _____
 TEACHER'S NAME _____ SCHOOL _____
 DATE OF REQUESTED FIELD TRIP _____ # OF VANS _____
 # OF WHEEL CHAIR VANS _____ AIDE REQUESTED _____
 DESTINATION OF FIELD TRIP _____

TIME OF DEPARTURE _____ IS THIS A D/O & P/U ONLY?

IS DRIVER STAYING W/FIELD TRIP ? _____ TIME OF RETURN _____
 (If neither of the above are answered, this Dept. will consider the field trip a D/O & P/U)

OF STUDENTS _____ # OF ADULTS _____

APPROXIMATE COST OF FIELD TRIP, IF ANY _____

Requests for field trips must be received by the Special Education Director ten (ten) days prior to the scheduled date of the trip.

Excessive cost to students should be avoided. No student should remain behind because of cost.

Signed written permission from parent/guardian must be obtained from all students.

Please call the Transportation Department @434-4800 x145 the day prior to confirm trip.
Please call the Transportation Department 1/2 hour prior to scheduled pick up time if the field trip is canceled, or proper department will be charged accordingly.

Teacher's Signature

Approved-Director

DRIVER/S ASSIGNED TO FIELD TRIP _____

LEARN
RELEASE OF STUDENT RECORDS

I give permission to LEARN to release/obtain (please circle) the following records of my child.

Child's Name _____ D.O.B. _____

RELEASE TO:

OBTAIN FROM:

(Specific Party)

(Specific Party)

(Agency)

(Agency)

(Street Address)

(Street Address)

(City, State, Zip)

(City, State, Zip)

Please check documents you wish to be released:

Psychological Reports

Medical Reports

Psychiatric Evaluations

Educational Evaluations

Speech/Hearing/Language Evaluations

Other Therapy Evaluations _____ (Specify)

Evaluations from Outside Agencies, Doctors, Schools

Individualized Education Programs

Special Education Progress

Home/School Correspondence

Other

Reason to Release: _____

Parent's Signature _____ Date _____

This information is for the confidential use of the above-named personnel only who are directly involved in helping your child. The Third Party may not share this information without parent consent.

Student Name/Nombre del Estudiante: _____



PERMISSION FORM

I give my permission for LEARN to contact my child's previous school(s) as necessary.

Yes No

I give my permission for my son/daughter to be photographed, videotaped, and/or interviewed by LEARN staff or individuals authorized by LEARN to do so. These photos, videos, and/or interviews may be published in any form and for the purposes of LEARN public relations announcements, LEARN internet sites, printed LEARN publications, or other articles used by LEARN. LEARN programs include all student related services and programs such as Three Rivers Middle College Magnet High School, Marine Science Magnet High School, Connecticut River Academy, Dual Language & Arts Magnet Middle School, Regional Multicultural Magnet School, Riverside Magnet School at Goodwin College, The Friendship School, The Special Education Programs, Interdistrict Grant Programs, etc.

Any such photograph, video or interview may be used by LEARN indefinitely. In addition, LEARN may use any existing photos, videos, and/or interviews of my son/daughter for such purposes and in such forms as well.

If a student will be identified in a picture, video or interview, parents/guardians will be contacted for permission prior to publication.

Yes No

We may publish a directory of students and parents, which allows families to contact each other regarding school matters. We are allowed to publish some information for the directory as part of public information; however, we need your permission to publish your address, telephone number and email. Each family will receive a copy of the directory. Please indicate permission to publish your address, phone number, and email in a school directory.

Home Address: Yes No **First phone number:** Yes No **Home email:** Yes No

Permission is requested for your son/daughter to participate in any/all fieldwork and field trip experiences, including walking field trips. I understand that educational activities and all travel are supervised by staff members. I also understand that all school rules apply during these activities and related travel, and that in such activities no unsafe or disruptive behavior can be tolerated. At times, a separate field trip request form will be required.

Yes No

I give my permission for my child to recite the Pledge of Allegiance.

Yes No

Parent Printed Name

Date

Signature

Student Name/Nombre del Estudiante: _____

**FORMULARIO DE PERMISO**

Doy permiso para que LEARN contacte con las escuelas anteriores de mi hijo según sea necesario.

Sí No

Doy permiso para que mi hijo sea fotografiado, filmado y entrevistado por el personal de LEARN o personas autorizadas por LEARN. Estas fotografías, videos o entrevistas pueden ser publicados en cualquier formato y para los fines de relaciones públicas de LEARN, en las páginas de internet de LEARN, publicaciones impresas de LEARN y otros anuncios utilizados por LEARN. Los programas de LEARN incluyen todos los servicios relacionados con los estudiantes, así como Universidad media del río de tres ríos Escuela secundaria, la Escuela Superior de Ciencias Marinas, la Academia del Río Connecticut, la Escuela Multicultural, la Escuela Secundaria Bilingüe y de Las Artes, El Jardín de la Amistad, Escuela del imán de la orilla en la universidad de Goodwin, los Programas de Educación Especial y todos los programas entre distritos financiados por medio de becas, etc.

Cualquier fotografía, video o entrevista puede ser utilizado por LEARN indefinidamente. Además, LEARN podrá utilizar cualquier fotografía, video o entrevista existente de mi hijo para tales fines y en también en tales formas.

Si el estudiante en alguna fotografía, video o entrevista será identificado, contactaremos a los padres o encargados para obtener su permiso antes de la publicación.

Sí No

Publicamos un directorio telefónico de estudiantes y padres, el cual permite a las diferentes familias intercomunicarse para tratar asuntos relacionados con la escuela. Se nos está permitido publicar la mayor información posible; sin embargo, necesitamos su permiso para publicar su número de teléfono y correo electrónico en nuestro directorio escolar. Cada familia recibirá una copia del directorio.

Dirección de casa: Si No **Primer Número de Teléfono:** Si No **Correo electrónico de casa:** Si No

Doy permiso para que mi hijo participe en todas las experiencias de campo y excursiones, incluyendo excursiones de senderismo. Entiendo que todas las actividades educativas y de todos los viajes son supervisados por miembros del personal de la escuela. También entiendo que todas las reglas de la escuela se aplican durante estas actividades y los viajes relacionados con estas actividades, y que en tales actividades no se tolera el comportamiento inseguro o irrespetuoso. A veces, se solicitará un formulario de excursión por separado.

Sí No

Doy mi permiso para que mi hijo recite el Juramento de Lealtad.

Sí No

Nombre del Padre/Encargado

Firma del Padre/Encargado

Fecha
