



**VOLUSIA COUNTY SCHOOLS**

**FIELD TRIP PARENT PERMISSION FORM  
SECONDARY**

Complete the form in its entirety. It should be on file at the school/site at least five days prior to departure.

My son/daughter \_\_\_\_\_ has permission to participate in the off-campus activities during the 2024-2025 school year.

All Color Guard and Winter Guard related events, Includes but not limited to:

- All home varsity football games
- In County Away Games
- Marching Band MPA
- Marching Band Competition

- Community Performances (Parades) within Volusia County
- Performances outside of Volusia County
- FBA Solo and Ensemble

- Florida Federation of Color Guard Circuit in-county competitions including Championships at the Ocean Center
- Florida Federation of Color Guard Circuit out-of-county competitions

Cost to student is included in program fees.

I understand that my son/daughter could travel by:

Activity bus, District-owned vehicle, School bus Private carrier/vehicle, Personal Vehicle or Commercial carrier.

\_\_\_\_\_  
Signature of Sponsor

4/30/2024  
Date

\_\_\_\_\_  
Signature of Principal

4/30/24  
Date

**PARENT INFORMATION**

I realize that the teacher in charge will exercise precaution for the safety of students involved in this event, and I agree to assume full responsibility for any unforeseen accident which might occur during travel or while participating in this program. I further assure that my son/daughter has been instructed to comply with the regulations of the school, teachers, sponsors, and/or chaperones who are in charge of the activity.

**Note: Should the field trip be canceled for security reasons, students and their parents/guardians will incur the financial expense beyond what can be reimbursed. Should it become necessary to send my son/daughter home early from this field trip due to inappropriate behavior, I realize that I will incur the financial responsibility of this action.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Emergency Phone Number

**STUDENT INFORMATION**

I realize that it is my responsibility to determine what school work is missed and to complete it outside of regular class time and within the time guidelines set by the teacher. I understand that the Code of Student Conduct shall be applicable for the duration of all field trips.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address

*Teacher, this form is to be completed and in the appropriate office prior to leaving for the field trip. This field trip has been approved by the principal and/or school board. The student has the right to complete, within the teacher's time schedule, any class work missed, without penalty, due to this field trip.*