

6410 FORM 1 - Off-Site Learning Experience Authorization Form

I agree to allow _____ to participate in a school sponsored
(Student Name)
and supervised off-site learning experience to WARREN WOODS TOWER HS on MARCH 10,
2018. Departure will be at approximately 10:45 AM and return ON YOUR OWN at approximately
3:30 PM.

If transportation is necessary, it will be provided by either Utica Community Schools or by a licensed common carrier. If my child should be injured on this trip, I agree to cover such expenses with my own insurance. In case of emergency I can be reached at the following phone number

_____.

(Parent Signature)

THIS SIGNED FORM MUST REMAIN IN SCHOOL OFFICE.

