

STEVENSON WIND ENSEMBLE (3rd & 5th HOURS)

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 1:30 PM and return ON YOUR OWN at approximately 5:00 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.

