

Block	Teacher's Initials
1A	_____
2A	_____
3A	_____
4A	_____

**Virginia Beach City Public Schools  
Field Trip Permission Form**

TO BE COMPLETED BY THE SCHOOL

Block	Teacher's Initials
1B	_____
2B	_____
3B	_____
4B	_____

School Name: LANDSTOWN HIGH Date of Trip: TUESDAY FEBRUARY 10

Requesting Teacher(s), Organization: DEBRA EBERT; E. COULTER; B. PHELPS;  
L. CLAY; M. SPRINGSTEAD Grade: 9-11

Time of Departure: 2A 8:55 AM Time of Return: 2A 10:20 AM

Destination(s): LHS AUDITORIUM TO VIEW PRESENTATION OF THROUGH THE EYES OF A FRIEND

Cost of Field Trip per Student: 0

Purpose of Trip: ENHANCE STUDENTS UNDERSTANDING OF THE HOLOCAUST; HEIGHTEN  
STUDENT AWARENESS OF DISCRIMINATION AND STEREOTYPING

Repeated Field Trips (Explain): \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Supervision** (Check one):

☒ Students will be directly supervised by adults on this trip.  
☐ Students will be directly supervised by adults on this trip with the following exception(s): \_\_\_\_\_

(If space is insufficient, attach itinerary with explanation regarding supervision.)

**Transportation** (Check all which apply):

☒ Walking ☐ School Bus ☐ Commercial Carrier ☐ Private Vehicle  
☐ None (provide own) ☐ Leased Vehicle ☐ School Board Vehicle ☐ White Activity Bus

**Driver of Private or Leased Vehicles** (Check all which apply):

☐ Student ☐ Parent ☐ Teacher/Staff Member ☐ Other Adult

1/30/15  
Date

APPROVAL OF PRINCIPAL

[Signature]  
Signature of Principal

TO BE COMPLETED BY STUDENT/PARENT/GUARDIAN

**PUPIL AGREEMENT**

While participating in this field trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow the *Student Code of Conduct*.

\_\_\_\_\_  
Date

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

**PARENT/GUARDIAN PERMISSION**

(Payments made by check MUST have signer's legible DRIVER'S LICENSE number on the check)

I give permission for \_\_\_\_\_ to participate in the field trip(s) described above. I understand that REFUNDS are not issued for field trips.

\_\_\_\_\_  
Date  
Emergency Contact Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian  
Number: \_\_\_\_\_