

GREAT NECK PUBLIC SCHOOLS
EDUCATIONAL FIELD TRIP STUDENT AFFIDAVIT
SECONDARY

School (please circle): North HS North MS South HS South MS
Village School SEAL Program

Teacher: _____ Grade/Subject: _____

I, the undersigned parent/legal guardian of _____ give my permission
for him/her to participate in an education field trip to _____
on _____ for the purpose of _____.

Student Health Concerns/Medication Requirements: _____

I further authorize that s/he receive medical treatment in case of emergency.

Parent/Legal Guardian Signature _____ Date _____

Emergency Contact Phone Number(s) _____

Please return top portion to your child's teacher and retain this section for your information.

Grade/Subject: _____ trip to _____ on _____

Method of transportation: _____

Time leaving school: _____ AM PM (please circle)

Approximate time of return to school: _____ AM PM (please circle)

Costs/Special Fees: _____
(make check payable to the Great Neck Public Schools)

Special Clothing: _____

Other information/arrangements: _____

Permission slip must be returned by (date) _____

All field trips are governed by Board of Education policy:

4531, Field Trips (http://greatneck.k12.ny.us/GNPS/Pages/policies/4531FieldTrips.pdf)

5300, Code of Conduct (http://greatneck.k12.ny.us/GNPS/Pages/policies/5300CodeofConduct.pdf)



