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| A · C · A · D · E · M · Y | Future Schola | | | | | | | | | |
|--|--------------------|----------------------|---|---------------------------|---------|---------|---------|---------|---------------|---------------------------------------|
| Center Name: | | Center Phone Number: | | | | | | | | |
| Date of Field Trip _ | Departure Time | | e | AM/PM Estimated Return Ti | | | | me | AM/PM | |
| Field Trip Location_ | Vehicle Tag Number | | | | | | | | | |
| Address (Street, City | y, Zip Code) | | | | | | | | | |
| Staff Attending Trip | | | | | | | | | | |
| YOUR CHILD HAS PERMISSION TO ATTEND THIS FIELD TRIP, PLEASE SIGN AND DATE BELOW. | | | NOTE ALL DEPARTURE/ARRIVAL TIMES BELOW. THEN INDICATE MARK/SYMBOL FOR EACH CHILD. | | | | | | | |
| | | Times | AM / PM | AM / PM | AM / PM | AM / PM | AM / PM | AM / PM | (Child left w | MMENTS vith parent, Child sent, etc.) |
| nild's First & Last Name | Parent's Signature | Date | ON | OFF | ON | OFF | ON | OFF | 1200 | |
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FIRST CHECK: SIGNATURE OF STAFF PERSON VERIFYING VEHICLE CHECKED AND NO CHILD LEFT ON VEHICLE AT EACH STOP

SECOND CHECK: SIGNATURE OF STAFF PERSON VERIFYING VEHICLE CHECKED AND NO CHILD LEFT ON VEHICLE

IF APPLICABLE: SIGNATURE OF STAFF PERSON WHO REPORTED BY PHONE TO THE DESIGNATED PERSON THAT VEHICLE WAS CHECKED AND NO CHILD WAS LEFT ON VEHICLE.

NAME OF PERSON REPORTED TO:



| Future Scholars & | $oldsymbol{\&}$ Friends Academy, | , LLC Field Tri | p Form |
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| Center Name: Center Phone Number: | | | |
|-----------------------------------|--------------|----------------------|--|
| | Center Name: | Center Phone Number: | |