

FIELD TRIP APPLICATION AND PERMISSION FORM Appendix B
SHAWNEE MISSION SCHOOL DISTRICT

Within School Day _____ Beyond School Day X Name of School SMEChoir

Organization Applying Choir

Date of Field Trip 3/12-3/21/20 Time of Departure Various Estimated Time of Return Various

Field Trip Origination and Termination Point KCI Airport

Specific Location of Field Trip Activity Hungary, Slovakia, Austria, Czech Republic
(Specific Place, City, State)

Rationale For Taking This Field Trip Spread Music around the world. Give students a better world view by experiencing other countries and cultures

Mode of Transportation Airplanes and motor coaches
(Name of Carrier and Type of Transportation)

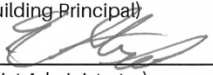
Cost Per Student \$3900.00 How Financed Individual fund raising

Number of Students Involved 115 Number of Supervisory Personnel Involved 6

Brief Itinerary of This Field Trip Fly to Budapest, tour there, take coaches to Bratislava, Vienna and Prague and tour those. We will have 4 formal concerts and daily informal sings in the different cities. Will see castles, churches, palaces, cemeteries, and a concentration camp.

Requested By Ken Foley 8/1/19
(Teacher/Sponsor Signature) (Date)

School nurse at the home attendance building has been notified of all students from his/her building attending this field trip in order to provide for medical needs during transportation and/or while at the field trip destination. *** A copy of this form has been given to the nurse. ***

<u>Jeff Storey</u>	<u>8/2/19</u>	<u>X</u>	Approved	Disapproved
(Building Principal)	(Date)			
	<u>8/19/19</u>	<u>✓</u>	Approved	Disapproved
(District Administrator)	(Date)			

The purpose of this form is to inform you of the above planned activity. Before your child will be allowed to participate in the above activity, it will be necessary for you to provide your consent. This activity will be supervised by adults. It may be necessary to alter some of the details of this activity outlined above, but efforts will be made to retain normal supervision for the safety and welfare of all field trip participants. Please mark one of the statements below and sign where indicated. Failure to return this form will prevent your child from participating in the above activity.

My child may participate in this activity. My child may not participate in this activity. (If this option is selected, please see question below.)

Reason my child may not participate in this activity? _____

Student Name (Please print) (Parent Signature) (Date)

Student Signature (If 18 years old)

Revised 7/19