Esiablished 1869	Holmes County Scho 701 East Pennsylvani Bonifay, FL 324 TEL (850) 547-9 FAX (850) 547-0 www.hdsb.or	a Avenue 125 341 381
Field T	rip/ Parent Autho	
SCHOOL:	GRA	ADE/ CLUB:
DATE OF TRIP:	DES	TINATION:
SPECIFIC LOCATION(S):		
OTHER ESTABLISHMENTS TO BE V	ISITED:	TIME:
	(Or see attached itinerary)
MODE OF TRANSPORTATION:	·	
		OUT OF
CHECK ALL THAT APPLY: OVER	RNIGHT	STATE
DATE: ARR		DEPARTURE TIME:
DATE: ARR NATURE OF TRIP/PURPOSE: (IF SP NUMBER OF CHAPERONES: OVERNIGHT LODGING ARRANGEN	ORTS SEASON AT	DEPARTURE TIME:
NATURE OF TRIP/PURPOSE: (IF SP NUMBER OF CHAPERONES: OVERNIGHT LODGING ARRANGEN	ORTS SEASON AT	DEPARTURE TIME:
NATURE OF TRIP/PURPOSE: (IF SP NUMBER OF CHAPERONES: OVERNIGHT LODGING ARRANGEN (Will accomm	ORTS SEASON AT	DEPARTURE TIME:
NATURE OF TRIP/PURPOSE: (IF SP NUMBER OF CHAPERONES: OVERNIGHT LODGING ARRANGEN (Will accommo (Accommodations or modifications will ensure By signing below, I grant permisss activity. My student also agrees to School District and safety precau	ORTS SEASON AT	DEPARTURE TIME: TACH SCHEDULE) d by biological sex at birth?) ts have the opportunity to participate in the field trip r my child to participate in this field trip es established by the Holmes County
NATURE OF TRIP/PURPOSE: (IF SP NUMBER OF CHAPERONES: OVERNIGHT LODGING ARRANGEN (Will accommodations or modifications will ensure By signing below, I grant permises activity. My student also agrees to School District and safety precau emergency medical treatment for	ORTS SEASON AT	DEPARTURE TIME: TACH SCHEDULE) Tach schedule d by biological sex at birth?) ts have the opportunity to participate in the field trip r my child to participate in this field trip r my child to participate in this field trip es established by the Holmes County his field trip activity. I authorize event of accident or illness during this
NATURE OF TRIP/PURPOSE: (IF SP NUMBER OF CHAPERONES: OVERNIGHT LODGING ARRANGEN (Will accommodations or modifications will ensure By signing below, I grant permises activity. My student also agrees to School District and safety precau emergency medical treatment for	ORTS SEASON AT	DEPARTURE TIME: TACH SCHEDULE) Tach schedule to by biological sex at birth?) ts have the opportunity to participate in the field trip r my child to participate in this field tri es established by the Holmes County his field trip activity. I authorize
NATURE OF TRIP/PURPOSE: (IF SP NUMBER OF CHAPERONES: OVERNIGHT LODGING ARRANGEN (Will accome (Accommodations or modifications will ensure By signing below, I grant permisss activity. My student also agrees to School District and safety precau emergency medical treatment for field trip.	CORTS SEASON AT	DEPARTURE TIME: TACH SCHEDULE) TACH SCHEDULE) d by biological sex at birth?) ts have the opportunity to participate in the field trip r my child to participate in this field tri es established by the Holmes County his field trip activity. I authorize event of accident or illness during this Insurance Company: