PARENTAL VERIFICATION LETTER

Off Campus Educational Experiences

I hereby request and CONSENT / DO NOT CONSENT (circle and initial your choice) that my child or ward be permitted to participate in any and all field trips this year. (You will be notified before each trip taken.) I understand that trips are a part of the school's educational program and that my child may be accompanied and transported by a teacher, school official, and/or school district volunteer. I agree that no teacher, school official, or district volunteer will be held responsible for any injuries or damages occurring on such trip.

Student Handbook	
* *	e 2008-09 <i>Union County Schools Student Handbook</i> , and lity to read its contents and explain them to my child.
Student's Name:	Grade:
(print na	ame)
Parent's Name:	

(print name)

Parent's Signature: _____ Date: ____