**GALILEO SCHOOL FOR GIFTED LEARNING**

**FIELD TRIP REQUEST FORM**

**Group Participating:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level: \_\_\_\_\_**

**Number of Students: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                    Number of Chaperones: \_\_\_\_\_\_\_\_**

**Educational Purpose of Trip:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**NGSSS/Common Core Standard:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Destination & City:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Departure Date:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                       Time:  \_\_\_\_\_\_\_\_\_\_**

**Return Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                      Time:  \_\_\_\_\_\_\_\_\_\_**

**Participation Dates:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                         Time:  \_\_\_\_\_\_\_\_\_\_\_**

**Detailed Description of Financial Arrangements:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mode of Transportation:**

**Bookkeeper Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gifted Instructional Coach Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requested By Teacher:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date:\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved By Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*This form must be submitted six weeks in advance of trip\*\***

**GALILEO SCHOOL FOR GIFTED LEARNING**

**PARENTAL INFORMATION FORM**

**Field Trip Permission Form**

Your child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_a student at Galileo School for Gifted Learning will participate in the field trip to **Seminole Criminal Justice Center.**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*                                      **TRANSPORTATION AND TIMES**

He/She will be transported by:  (**X**) School Bus or  () Charter Bus

Departure date: March 27, 2017   Departure time: 9:30am

Return date: March 27, 2017 Return time: 1:50pm

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Date Due:** March 17, 2017

**Cost per Student: $9**

**Cost per approved Chaperone: $9**

**Payments can be made on schoolpay.com**

**No cash accepted. Thank you!**

**Students need to pack a separate snack and lunch.**

**Please put them in the same disposable container or bag.**

Students may take spending money: ( ) YES        (**X**) NO

Teacher in charge:

NO REFUNDS ARE AVAILABLE FOR TRANSPORTATION DUE TO CONTRACT RESTRICTIONS.  ADMISSION COST IS ALSO NON-REFUNDABLE DUE TO FIELD TRIP SITE AGREEMENTS.  A $32.00 CHARGE WILL BE ASSESSED FOR INSUFFICIENT (NSF) CHECKS THAT ARE RETURNED.

**Print Parent/ Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/ Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_**

***Please read  and complete the back.***

**Galileo School For Gifted Learning**

**Release and Consent**

**This form must be read and signed by parent(s) or guardians(s) of every minor**

**Student Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**We do hereby approve of our child attending: Seminole Criminal Justice Center.**

***We acknowledge that the Seminole County Public Schools, Florida and Galileo School For Gifted Learning are not liable for medical expenses, hospital expenses, or other such charges incurred for such services as may be rendered for or on behalf of my/our child as a result of injury or sickness.  We understand that if our child is injured or becomes sick, Seminole County Public Schools, Florida or Galileo School For Gifted Learning will not be held liable unless the injury or illness is result of negligent conduct on part of an employee of Seminole County Public Schools or Galileo School For Gifted Learning.***

**Child’s allergies:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician Information**

**Child’s Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of Physician:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Insurance Information**

**Medical Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Group Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **work home/cell**

**Emergency Phone #:  \_\_\_\_\_\_\_\_\_\_\_\_  Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**