



Tigard-Tualatin School District

*Off-Campus School Sponsored Activity
Parent/Guardian Permission*

Student Name: _____

Parent Name: _____

Teacher: _____

School: _____

Date of Trip: _____

Location of Trip: _____

Departure Time: _____ Return Time: _____

Description of trip and/or activity:

Trip Permission

I, the parent of the above named student grant permission to the school to take him/her on the above described trip.

Parent/Guardian Signature

Date

Phone Number