



TEMPE UNION HIGH SCHOOL DISTRICT STUDENT TRAVEL  
PARENT/GUARDIAN PERMISSION FORM

Site: ☐ CA ☐ CDS ☐ DV ☐ MDN ☐ MHS ☐ MP ☐ THS

Trip Date(s): \_\_\_\_\_ Group Traveling: \_\_\_\_\_

School Sponsor Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Trip Location: \_\_\_\_\_

Purpose of travel/activity: \_\_\_\_\_

Departure date and time from campus: \_\_\_\_\_

Return date and time from campus: \_\_\_\_\_

School Transportation (circle one): School Bus Van Walking Other (specify): \_\_\_\_\_

Please return this Permission Form to the school no later than \_\_\_\_\_  
(Date)

**STUDENT**

I acknowledge receipt and agreement to the Student Conduct Agreement \_\_\_\_\_  
(Student signature)

**PARENT**

My signature below gives permission for my child, \_\_\_\_\_, to participate in the  
(print student's first and last name)  
the Student travel/activity described above as well as acknowledges receipt of the Student Conduct Agreement.

If applicable, please read and complete the Medical Emergency Information form.

\_\_\_\_\_  
Parent/Guardian Permission Signature Date

\_\_\_\_\_  
Parent/Guardian Permission Print Name