



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