

**Special Event Off-Campus Permission Form**

Dayspring Christian Academy

P.O. Drawer 909, Blacksburg, VA 24063-0909

(540)552-7777

**Student Name:** \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Trip: **8/31-9/1**

Activity: **Middle School Retreat** Grade(s) Attending: **6-8**

Objective of the Activity: **Community building/theme development** Teacher in Charge: **Dug Hampton**

Departure Time: **8:15 daily** Return Time: **3:15 daily** Cost of Trip: **\$35 by 8/30** (payable on FACTS account)

Special Rules for Students to Follow: **Listen to teacher instructions at all times**

Special Items Needed: **Students should follow instructions on flyer for daily needs.**

Means of Travel: **School/parent vehicles** Food: **Lunch provided**

Other Information: **If you need to make payment arrangements contact Dug Hampton.**

Parents may opt their child out of a particular field trip. If this should be the case, the student will not be academically penalized for non-participation. Students not attending will remain at home. There will be no classes for 6th-8th graders on these dates

**Special Needs/Parent's Wishes**

If your student has allergies, other medical needs, or special needs, please write them out, sign them, attach them to this sheet, and initial the below statement. Please understand that such special needs may prevent a student from participating in some events. Also, if you do not wish for your student to participate in a particular aspect of this trip, please attach a statement to that effect and initial below.

\_\_\_\_\_ Initial if special student information is attached. Please communicate your wishes to your child. Thank you!

Permission to participate is given in accordance with all materials signed up on enrollment and on file at the school office. Attendance for this outing is a privilege that may be revoked if the student is not prepared for the outing or does not comply with the school handbook or supplementary policies. Parents are expected to make travel arrangements and pay for the expenses if a student needs to be returned to school for disciplinary or health reasons from an out-of-town location.

**Parental Permission for Participation**

I have carefully read all the above information and understand its terms.

\_\_\_\_\_ I **GIVE** permission for my/our son/daughter to participate and I agree to the terms for this off-campus activity.

\_\_\_\_\_ I **DO NOT** wish to have my child participate. Please make other arrangements for him/her.

\_\_\_\_\_  
Father/Guardian's Signature and Date

\_\_\_\_\_  
Mother/Guardian's Signature and Date

Printed Name

Printed Name

*\*If child lives with both parents, the release must be signed by both parents/guardians.*

Father's Work Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

**Notice:** Please sign and return this form NO later than: \_\_\_\_\_  
Please note that we cannot accept handwritten notes, phone calls, or other substitutions in lieu of this form. Students who do not return a form with their name filled in and their parents' signatures will not be permitted to attend.

**Parent Helpers are needed for student events. Your help is appreciated!**

Would you be able to serve as a chaperone? \_\_\_\_\_

Would you be able to serve as a volunteer driver? \_\_\_\_\_ If Yes, how many seats are in your vehicle? \_\_\_\_\_

Have you filled out a Volunteer Driver Application Form? \_\_\_\_\_