



**PICKENS TECHNICAL COLLEGE
STUDENT/PARENT-GUARDIAN PERMISSION FOR ACTIVITY/FIELD TRIP**

(This completed form must be turned in to Pickens Administration Office at least one week prior to the event.)

Part A

STUDENT NAME _____ TODAY'S DATE _____
TEACHER _____ PROGRAM _____

ACTIVITY _____ ADDRESS _____
DATE OF TRIP _____ TIME _____
Depart _____ Return _____
DATE FORM IS DUE _____

METHOD OF TRANSPORTATION:

- APS Bus
- APS multi-function vehicle (van)
- Public/commercial transportation (charter bus, etc.)
- Passenger with driver of a private vehicle - Approved Driver's Name _____

*Driver of a private vehicle with passengers.

*Alone as driver of a private vehicle (*Driving alone in own car.)

*Seat belts for _____ Maximum number of passengers.
Yes No

*Please attach copies of: Proof of current insurance and Valid driver's license

*The Aurora Public School District does not insure school-related trips in private cars.
As a driver for school-related trips, I understand that the school district carries no insurance on private vehicles or their drivers, and that I will be personally responsible.*

I understand that my secondary student or I, if I am postsecondary student, will be obliged to abide by the APS district rules and code of discipline while participating in this event.

POSTSECONDARY (Adult) student: I accept responsibility to travel on this trip.

Postsecondary Student Signature _____ Date _____
Emergency Contact's name & phone number _____

**High School Students - Ask parent/guardian to sign below & turn over for teacher signatures.
It is with my permission that my son/daughter goes on this trip.**

Parent/Guardian Signature _____ Date _____
Parent Emergency Phone Number _____

If high school students will miss any home high school classes, the home high school teacher(s) approval is also required. See Part B on the reverse side of this form.

Part B
High School Permission

STUDENT NAME _____

DATE OF TRIP _____

If a secondary student will miss any home high school classes, the home high school teacher(s) approval is required.

Period/Block	Class Name	Yes No	Teacher's Signature	Comments
1		Yes No		
2		Yes No		
3		Yes No		
4		Yes No		
5		Yes No		
6		Yes No		
7		Yes No		
8		Yes No		