

CO-CURRICULAR & EXTRA-CURRICULAR TRIP SCHOOL AUTHORIZATION FORM

Date of Trip:			Destination:	
Time of Trip:			School Name:	
Bus Operator:			Trip Supervisor:	
Purpose of Trip:				
Itinerary:				
List of Passengers (including supervisors):				

I certify that Parents have been properly notified and that consent forms for all participants have been collected by the school.

Principal Signature

Superintendent Signature (if necessary)

Please fax form to 403-653-3049