

RETURN THIS FORM WITH TEACHER/PARENT SIGNATURES TO MRS. SADIKU OR MRS. GUARDINO IN STUDENT SERVICES TO SECURE YOUR SPOT ON THE TREK

William Fremd High School, 1000 S. Quentin Road  
Palatine, IL 60067

## Student Career Trek/Field Trip Absence Request Form

\_\_\_out of school\_\_\_in school

### Part I (to be filled out by student- please print)

ID Number\_\_\_\_\_Student's Full Name\_\_\_\_\_

Fr\_\_\_ So\_\_\_ Jr\_\_\_ Sr\_\_\_ email\_\_\_\_\_

Date:\_\_\_\_\_

Periods missed: \_\_\_ - \_\_\_

Activity Name: Career Trek,  
Sponsor: Mrs. Sadiku, Career Advisor 847-755-2657,

Transportation: Bus driven by District 211

### Students: Teachers must sign below indicating they are aware of this trip.

Period:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Period:

5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

### Part II (to be read and signed by parent for outside school trip)

My son/daughter (named above) has my permission to participate in this field trip. I understand that Student Accident Insurance, if I have paid for the coverage is in force on these trips only when the student is under the general supervision of the teacher or supervising adult appointed by the school. The student is not to remove himself/herself from that supervision by unauthorized conduct, such as leaving the group. I further understand that all rules and regulations governing student conduct remain in effect while the student is participating in a supervised field trip. My permission is granted to the supervising adult to allow him/her to take all necessary actions should an emergency arise. In case of an accident or incident requiring medical attention, the faculty supervisor will attempt to contact parents immediately. Emergency numbers and physician are listed below. I give the faculty supervisor permission to arrange for medical attention and I accept financial responsibility for that attention should the supervisor be unable to reach me.

**NOTE TO PARENTS: The career advisor does not have access to your child's academic record. Please discuss your student's current class work situation and the resulting burden missing class will place on him/her. Career treks are limited to 4 per year and no more than 2 per quarter.**

\_\_\_\_\_  
(Signature of parent or guardian)      (date)      (Home phone #)      (Work phone #)

Physician's Name\_\_\_\_\_phone #\_\_\_\_\_

Alternate Contact:\_\_\_\_\_phone #\_\_\_\_\_

Parent/Guardian please note any medical/allergies/behavioral concerns regarding above mentioned student\_\_\_\_\_