

RETURN THIS FORM WITH TEACHER/PARENT SIGNATURES TO MRS. BROTTMAN OR MRS. CADENAS 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

X 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. Brottman, Career Advisor 847-755-2657

Transportation: Bus driven by District 211

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

Period:	Period:
1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	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 _____.