



# INTERLAKE HIGH SCHOOL

## PARENT PERMISSION FOR STUDENT TO ATTEND SCHOOL ACTIVITY During School Hours

[(Print) Student Name] \_\_\_\_\_ has my permission to attend  
\_\_\_\_\_ at \_\_\_\_\_

between the hours of \_\_\_\_\_ and \_\_\_\_\_ on the date of \_\_\_\_\_

It is understood that the students attending this activity will travel to and from the activity by school bus.

(If by other means, please indicate \_\_\_\_\_)

and will be under the direct supervision of staff members of the Bellevue School District.

During this event, the emergency contact information is as follows:

Parent/Guardian 1 Name: (Print) \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian 2 Name: (Print) \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature and Date)

(Supervising Staff Member: Please retain this portion to carry with you on the field trip/school activity.  
Detach and return the bottom portion to the Attendance Office before you leave for the School Activity.

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PARENT PERMISSION FOR STUDENT TO ATTEND SCHOOL ACTIVITY  
During School Hours

\*\*Student Name: \_\_\_\_\_ \*\*Student ID#: \_\_\_\_\_

Field Trip Date & Class Periods to be Missed: \_\_\_\_\_

Period	Class	Teacher Signature	Affects Grade? Yes/No	Work to be completed before leaving or upon return:
0				
1				
2				
3				
4				
5A				
5B				
6				
7				
8				