

**WEST WINDSOR—PLAINSBORO REGIONAL SCHOOL DISTRICT**

West Windsor-Plainsboro High School North  
90 Grovers Mill Road P.O. Box 50  
Plainsboro, New Jersey 08536-0050  
(609) 716-5100

West Windsor—Plainsboro High School South  
346 Clarksville Road PO Box 246  
Princeton Junction, New Jersey 08550  
(609) 716-5142

**FIELD TRIP PERMISSION SLIP**

**TO BE COMPLETED BY PARENT /GUARDIAN OF STUDENT**

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

The Advanced Broadcast Writing Class is planning 2 “in-district” workshops/seminars at North High School.

The date of the 1<sup>st</sup> seminar is: \_\_\_\_\_. The date of the 2<sup>nd</sup> seminar is: \_\_\_\_\_.

Start Time: (must arrive at North Campus studios): \_\_\_\_\_ 7:40 AM \_\_\_\_\_.

End Time: (may leave North Campus studios): \_\_\_\_\_ 2:50 PM \_\_\_\_\_.

Type of Transportation: \_\_\_\_\_ STUDENTS MUST PROVIDE OWN TRANSPORTATION \_\_\_\_\_.

Approximate cost to student: \_\_\_\_\_ No cost to student (except money should be brought for lunch) \_\_\_\_\_.

Lunch arrangements: Food will be ordered and delivered to the studios (students must bring money for lunch.)

**Other information:** Some Advanced Seminars may include film and TV analysis; some films or shows might contain “R” rated, unedited content. Parent/guardian signature below grants permission for the student to view “R” rated content.

( Students will NOT be permitted to attend the all-day seminars unless they are in good class standing, and unless they attend the night seminars preceding the in-school field trips)

**Students will not be permitted to attend the in-district field trips without a signed permission slip.**

**PARENT / GUARDIAN:**

Please return completed permission slip to the teacher if you desire your student to accompany the group.

I hereby give \_\_\_\_\_ permission to attend the above in-district field trip.  
(Student’s First and Last Name)

In case of emergency, the following people should be contacted:

Father / Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mother / Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Student resides with: \_\_\_\_\_ (Mother, Father, Both parents, Guardian, Other)

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

List Medical conditions, allergies, health alerts, other concerns, etc.: (List below, on back and/or attach info)