# KING CITY R-I

# COLLEGE/MILITARY VISIT PARENT & TEACHER PERMISSION FORM

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/Military visit to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of College/Military visit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## STUDENT AGREEMENT

While participating in this experience, I will accept the responsibilities for maintaining good conduct, appearance and I will follow directions at all times. I UNDERSTAND THAT I WILL BE COUNTED ABSENT FROM SCHOOL AND OTHER DISCIPLINARY ACTION WILL BE TAKEN IF I DO NOT COMPLY WITH THESE RULES.

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## PARENTAL PERMISSION

I give permission for my child to participate in this college/military visit experience. I understand that my child is to provide his/her own transportation to and from the site. I understand that this is being done with my express approval and at my own risk, but know that the Board of Education and school officials will make every effort to insure the safety and well-being of my child.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## TEACHER PERMISSION

Student must have the approval from each classroom teacher. The student agrees to make up any work or assignments given by the teacher.

Class Teacher Block Teacher Signature & Date

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Office Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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College/Military Representative Signature

**RETURN THIS FORM TO THE SCHOOL WITH ALL SIGNATURES!**