

ARLINGTON INDEPENDENT SCHOOL DISTRICT

Permission To Travel

TO: Parents/Legal Guardian of: _____
Student _____

I give my permission for the above student of the Arlington Independent School District to attend the following district approved trip(s) this school year:

Description of Trip	Date	Means of Transportation
Varisty Winter Concert	12/12/17	AISD or Charter Bus
Midwest Clinic and Convention/Invited Orch	12/19-12/22	Charter Bus
UIL Concert/Sightreading Contest	2/27-3/1	AISD or Charter Bus
Spring Orchestra Trip	3/9-3/13	Charter Bus
All Other Orchestra Activities	TBA	AISD/Car/Charter Bus

The supervising sponsor for the trip(s) listed above is: _____

The local board policies governing student conduct and discipline are applicable to students on all district approved trips and the behavior of all participating students is expected to conform to the standards set forth in such policies. All violations of such code of conduct by any student shall be reported to the principal.

Signature of Parent/Guardian

Persons to Contact in Case of Emergency:

1. _____
Name Telephone Number

2. _____
Name Telephone Number