

# OFF-CAMPUS EDUCATIONAL ACTIVITY

## General Parent Consent Form

Sonoma County Office of Education

5340 Skylane Boulevard, Santa Rosa, CA 95403-8246

Date \_\_\_\_\_

Dear Parents/Guardians,

Off-Campus Educational Activities are a very important part of your child's education. We have scheduled the following off-campus activity and are requesting permission for your child's participation.

Activity Location: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

Activity Date(s): \_\_\_\_\_

Activity Time Frame: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

Students should bring:  Bag Lunch  \$\_\_\_\_\_  Other \_\_\_\_\_

Please complete the bottom portion of this form and return it to me by the date indicated.

Teacher \_\_\_\_\_

School Site \_\_\_\_\_

Phone \_\_\_\_\_



**Complete this section and return the bottom portion only of the form by:** \_\_\_\_\_

**Activity Date(s):** \_\_\_\_\_

**Activity Location:** \_\_\_\_\_

Print name of child/charge \_\_\_\_\_

- Yes, I give my permission for my child/charge to participate in the off-campus educational activity described above.
- I would be willing to serve as a chaperon.
- No, I do not approve of this activity. Please contact me to discuss my concerns.

Print Name \_\_\_\_\_

Day Phone \_\_\_\_\_  Parent  Guardian  Careprovider

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