****Illini West High School**

**Jim Short, Principal**

**Grant Surprenant, Director of Student Serv.**

**600 Miller Street**

**Carthage, IL 62321**

**Phone: (217) – 357 – 2136**

**Fax: (217) – 357 – 3569**

**www.illiniwest.org**

**Date:**

**Dear Parent/Guardians,**

**Your student is eligible to participate in a field trip which is scheduled as follows:**

 **Class/Organization:**

 **Date of Trip:**

 **Destination:**

 **Location:**

 **Purpose:**

 **Mode of Transportation:**

 **Time/Place of Departure:**

 **Apprx. Return Time:**

 **Additional Information:**

**Students and parents are reminded that students are subject to all school rules covered in the Student Handbook. The field trip is a school activity. If you desire for your student to attend this field trip, please fill out the Permission Form below and return it to me by      . Please call the school at 357-2136 if you have any questions.**

**Teacher/Sponsor:**

**PERMISSION FORM**

**Date:**

**As the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I hereby request Illini West High School to take my son/daughter on the field trip to the** **on** **. I understand that this is a school activity covered by all school rules.**

**Signature of Parent/Guardian**

***Revised: 9/30/2021***