



### Field Trip Permission

This form is required for all field trips.

**Important Directions:** (efficient preparation and distribution includes): (1) complete only one form per trip, (2) complete the school portion of form, (3) duplicate one form per student, and (4) send a copy home for the parent's and student's signature.

#### To Be Completed by the School

Field Trip Plan:

- Specific Trip
- Repeated Trips

Date: 9 February 2026 to 31 May 2026

Teacher: Mary Pat Mabeus, Head Coach

Room: \_\_\_\_\_

Explain: Cover transportation for season

Is This an Overnight Trip?

- Yes
- No

Destination: Multiple locations during the Spring 2026 Crew Season

Purpose: Training and competition

**Supervision: (Check one)**

- Students will be directly supervised by adults on this trip.
- Students will be directly supervised by adults on this trip with the following exception(s). (If space is insufficient, attach itinerary with explanation regarding supervision.)

**Transportation: (Check all that apply)**

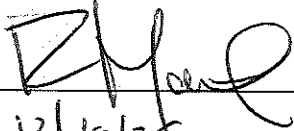
- Walking
- School Bus
- Commercial Carrier
- Private Vehicle

- None
- Leased Vehicle
- County Vehicle

Drivers of Private or Leased Vehicles: (Check all that apply)

- Parent
- Teacher/Staff Member
- Other Adult

**Approval of Principal**

Signature of Principal: 

Date: 12/10/25

**To Be Completed at Home**

**Student Agreement**

While participating in this field trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

Signature of Student: \_\_\_\_\_

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

**Parent Permission**

I give permission for \_\_\_\_\_ to participate in the field trip(s)  
(Name of Student)

described above. As the parent or guardian of \_\_\_\_\_, I understand  
and agree that in the event the Superintendent, or the Superintendent's designee, cancels our trip to  
\_\_\_\_\_ for any reason, we will not hold Prince William County  
Public Schools, the Prince William County School Board, or

\_\_\_\_\_, or their employees or agents responsible for any  
(Name of School)  
reimbursements of monies paid or invested in this trip.

Signature of Parent/Guardian: \_\_\_\_\_

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

Signature of Student: \_\_\_\_\_

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

Distribution: One copy of this completed form will be sent from the Principal to Parent/Guardian, Teacher, and School Office.