## **Sheldon R-VIII School District**

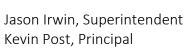
100 East Gene Lathrop Drive Sheldon, Missouri 64784

Activity/Trip Information:

Kevin Post, Principal

Phone: (417)884-5111 or 884-5113

Fax: (417)884-5331 www.sheldon.k12.mo.us





## Extra-Curricular Activity/Field Trip Form

Activity/Trip:		Sponso	or:	
Date of Activity:  Place of Departure:  Time of Departure:		Activity Location:  Money Needed:		
		Principal's Authorization:		
Physician—Parent—Student Section 1: Student Application and Pers	onal Information	ı		
Name:	M:	F:	Age:	DOB:
Address:				
Emergency Phone:		Emergence Phone:		<del></del>
This application to represent my schoo citizenship standards set by the school curricular activities or field trips.				
Student Signature:			Date:	
Student Signature:  Section 2: Parent Permission and Author I hereby give my consent for the above give my consent for him/her to travel v accident or injury whether it been rout an emergency, I give consent for the so care as is reasonably necessary for the or activity.	orization for Treate student to particular with the group or the to or from the chool to obtain, to	tment icipate in his n trips and v destination through a pl	s/her school act will not hold the I. If I cannot be nysician or hosp	tivities and field trips. I also e school responsible in case of reached and in the event of pital of its choice, such medical