



Community
High School
of arts and academics

Field Trip Permission Form

Dear Parent or Guardian,

Your student's class is going on a field trip. Please read the following information, then sign and return the permission slip on the next page by **Friday, October 19th**.

Field Trip Information:

Date(s): October 22,23

Location: Randolph College

Purpose: Senior Retreat

Cost: Lunch Costs

Cash or check payable to: Cash

Means of Transportation: School Driven Van

Leave school: 8:00

Arrive back at school: 3:00

Special Instructions:

Please Bring laptops; application materials, bedding

Lodging: Randolph College Dorms, two students to a room.

Students and faculty chaperones will be staying at Randolph College, in Lynchburg. Simon's Cell phone number is 540-793-0030; Joy, our admissions contact's number is 434-485-8032.

Community High School faculty chaperones will use their best judgment in determining room assignments for this trip. If your child has any specific needs related to lodging, diet, or medication, please indicate them below. We may follow up with you if we need additional information.

Save this page for future reference.

email: admissions@communityhigh.net **office:** 540.345.1688 **fax:** 540.400.0335 **web:**
www.communityhigh.net

mailing address: 302 Campbell Ave. SE, Roanoke, VA 24013



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Sign this page and return it to your child's teacher.

I understand the information above, and *student name*
_____ has

permission to attend a field trip to Randolph College on October 22, 23.

I give my permission for _____ to receive emergency medical
name
treatment. In an emergency, please contact: Name: _____ Phone:

Parent/Guardian Signature: _____

Date: _____