ARLINGTON INDEPENDENT SCHOOL DISTRICT

Permission To Travel

TO: Parents/Legal Guardian of: _____
Student

I give my permission for the above student of the Arlington Independent School District to attend the following district approved trip(s) this school year:

Description of Trip	Date	Means of Transportation
Honor Orchestra Recording Rehearsal	10/12/11	AISD or Charter Bus
UIL Concert/Sightreading Contest	3/1-2/12	AISD or Charter Bus
Orchestra Spring Trip	4/14-17/12	Plane/Charter Bus
TMEA All State Clinic/Concert	2/8-11/12	Charter Bus
All Other Orchestra Activities	TBA	AISD/Car/Charter Bus

The supervising sponsor for the trip(s) listed above is: M. Stringer, J. Lemin, N. Keefer

The local board policies governing student conduct and discipline are applicable to students on all district approved trips and the behavior of all participating students is expected to conform to the standards set forth in such policies. All violations of such code of conduct by any student shall be reported to the principal.

_____
Signature of Parent/Guardian

Persons to Contact in Case of Emergency:

1. _____ _____
Name Telephone Number

2. _____ _____
Name Telephone Number

****(For Out-of-District travel, form **A-071-96** is also required)**** A - 075-96\pm5\db\9-96