



Missoula County Public Schools Field Trip Opt-Out Form

Forward Thinking, High Achieving.

This Section to be Completed by School Staff			
School:	Teacher:	Class:	
Field Trip (location and purpose):			
Date of Trip:	Departure Time:	Arrival Time:	Expense:
Mode of Transportation: <input type="checkbox"/> Walking <input type="checkbox"/> School Bus <input type="checkbox"/> Charter Bus			

Our records indicate there is an annual Field Trip Permission form on file for your student. If you do not want your student to participate in the above referenced field trip, please complete and sign the "Opt Out" below. Return the bottom portion to your student's teacher by _____.

For questions regarding the field trip, please contact the teacher.

Phone: _____ Email: _____



Opt-Out Notice

Student Name:	Teacher:	Class:
Field Trip (date and location):		

I opt out of this field trip.

Parent or Guardian: _____
(Printed Name)

Parent or Guardian: _____
(Signature)

Date: _____