



Skowhegan Regional Vocational Center

Learning to work — Working to learn

PERMISSION SLIP FOR FIELD TRIP

61 Academy Circle

Skowhegan,

Maine 04976

Tel: (207) 474-2151

Fax: (207) 858-4879

Student's name _____

Program _____

Instructor _____

Sending High School _____

Field trip date _____ leave time _____ return time _____

Nature of trip _____

David Keaton

Director

Ann Thiboutot

Student Services
Coordinator

*Students must complete the following to be excused from classes.

Teacher's signature (permission to be excused from class)

Period 1 _____ Subject _____

Period 2 _____ Subject _____

Period 3 _____ Subject _____

Period 4 _____ Subject _____

Period 5 _____ Subject _____

Period 6 _____ Subject _____

Period 7 _____ Subject _____

Period 8 _____ Subject _____

_____ Date _____

Sending school principal or assistant principal signature

_____ Date _____

Parent or guardian signature

_____ Date _____

Vocational Director signature

Comments: _____

