

TRANSYLVANIA COUNTY SCHOOLS SPECIAL ACTIVITIES PERMISSION FORM

Regional Science Fair 2024
Activity*

School

Western Carolina University
Location/Destination

Supervising Teacher

Feb. 8-Elem. Feb 9-MS/HS
Date

Principal

The parent (student) agree and undertake to save and hold harmless the Transylvania County Board of Education and its employees from any and all claims for damage to person and/or property that may result from activities conducted off campus unless the damage is brought about or caused by the negligence of the employee(s) of the Transylvania County Board of Education.

I hereby certify my approval for (student's name) _____

I do not certify my approval for (student's name) _____ **

Parent/Guardian's signature

Date

Student's signature

Date (If eighteen years of age or older)

Notification to the parent/guardian giving the date, time, objective(s) and description of the field trip/lesson(s) shall be attached to this permission form.

** A student not participating in a field trip, special program, or lesson(s) shall be given another assignment at school. A student not returning the form shall not be allowed to participate.