Arlington Public Schools
Administrative Dist. No. 3

P.O. Box 10 • Arlington, Oregon 97812 • PH. (541) 454-2632 • FAX (541) 454-2137

ARLINGTON SCHOOL DISTRICT
FIELD TRIP PERMISSION FORM

Dear Parents/Guardians:

The Arlington Board of Directors recognizes the value of special activities to the total school program. Further, students need to be allowed to participate in and profit from carefully planned learning experiences that may fall outside the normal school program/day.

Several guidelines have been established in the district related to field trips. Your signature below signifies that you understand and agree to the following guidelines:

1. Field trips are considered to be an extension of the classroom and all rules and regulations governing school standards and behaviors are in effect.
2. Transportation (if necessary) is provided by the school district and approved by the school administration.
3. In case of accident or illness, the licensed person in charge is authorized to secure the services of a physician or hospital and that the parent/guardian will incur the expense for necessary services.
4. In the case of willful disobedience of my student, the district and employees are released from any and all claims resulting from such inappropriate conduct.
5. The licensed person in charge will determine the consequence for a student choosing to violate any school rules. Your student may be sent home or parents/guardians may be required to come and pick-up their students. If students are sent home, parents/guardians incur all expenses required to get them home.
6. This form provides my permission for my student to participate in this Field Trip.

I have read, understand, and agree to the conditions of this form.

Field Trip: ____Taylor Farms Pumpkin Patch (In Boardman, Oregon)

Grade(s): PreK-6th_____ Transportation: School Bus_____

Field Trip Date/Time: ___10/28/2026____8:30AM-12:00PM_____

_____ has my permission to participate in the above mentioned field trip.
(Students Name)

_____ _____
Parent/Guardian Signature Date

_____
Telephone Contact Number