



# SULLIVAN MIDDLE SCHOOL



*Jacqueline Persinski, Ed.D, Principal*  
*Brian Hollingsworth, Beau Modla, & Gwendolyn Lindsey, Assistant Principals*  
*1825 Eden Terrace, Rock Hill, SC 29732, 803-981-1450*

## FIELD STUDY TRIPS

**STUDENT'S NAME:** \_\_\_\_\_

Students involved in field study trips must adhere to the following:

1. All field study trips must be scheduled by or with the approval of the school principal.
2. All students participating in field study trips must use the designated means of transportation.
3. All field study trips must be chaperoned by school personnel or other adults approved by Rock Hill Schools.
4. It is recommended that all students have school insurance or adequate insurance at home to participate in field study trips.
5. Chaperones have the same authority on field study trips as at school and are to require conduct which will reflect credit on the school, parents, and City of Rock Hill.

**NATURE OF TRIP:** \_\_\_\_\_

**DATE OF TRIP:** \_\_\_\_\_

**DEPARTURE TIME:** \_\_\_\_\_ **RETURN TIME:** \_\_\_\_\_

**PLEASE CHECK PROPER RESPONSE AND SIGN:**

\_\_\_\_\_ Student covered by school insurance

\_\_\_\_\_ No insurance, but have adequate coverage at home. If my student becomes ill, I authorize the sponsor to have my student administered to by the medical personnel available.

**Student's Medical Needs** (if any):

\_\_\_\_\_  
\_\_\_\_\_

By signing below, you will indicate your approval for your child to attend this field study trip and will pledge your cooperation to the school to see that policies are carried out.

**PARENT'S SIGNATURE:** \_\_\_\_\_

**PARENT'S HOME PHONE NUMBER:** \_\_\_\_\_

**CELL PHONE NUMBER:** \_\_\_\_\_

**WORK PHONE NUMBER:** \_\_\_\_\_

**ADMINISTRATIVE APPROVAL:**

\_\_\_\_\_