

Thespian Field Trip Parent's Pick Up/ Drop Off

Student's
Name _____ ID# _____ grade _____

Pick Up FROM (location) _____ Time _____ Date _____

OR

Drop Off TO (Location) _____ Time _____ Date _____

Reason _____

Parent's Name _____ Signature: _____

**Please attach a copy of the parent's
driver's license that is picking up the child.**