

FLOWER MOUND HIGH SCHOOL
Single Event Parent Permission Slip

I am aware that _____, ID# _____ will be leaving

Flower Mound High School on _____ to participate in a school

approved activity. This activity involves:

_____Speech/Debate

_____Band/Choral

_____Field Trips

_____UIL Events/Competition

_____Vocational Contest

_____Other _____
(Description)

The location/Destination of this Trip/Activity is _____

Time of School related absence: All day _____

Morning _____

Afternoon _____

Other _____

I release Flower Mound High School and the Lewisville I.S.D. from any liability should an accident occur during this trip. If this form is not received by the day of the event, the student will not be allowed to leave school to attend.

(Signature of Parent/Guardian)

(Date)

(Phone)