


PERMISSION SLIP

 _____ in NCOC Program _____ has permission to:
Student Name, **DISTRICT**

X Spend a Full Day at NCOC

The student will be at NCOC all day for the following purpose: _____

_____ (On - Date)

Attend an all day trip/event with NCOC

A trip/event is scheduled to: _____
Destination (Place, City, State)

on: _____ Time of Departure: _____
(Date)

Time of Return: _____



Supervision is provided. Students will leave from NCOC and return there, unless otherwise noted.


Transportation by: _____ (To and/or from NCOC if trip/event begins or ends outside of
scheduled school day.)**

**** Note: If student is driving, this form must be accompanied by a driving permission form.**

NCOC Instructor Signature: _____

PARENTAL APPROVAL

 Parent Signature: _____  Date: _____

 Emergency Contact Phone #: _____

COMPONENT SCHOOL APPROVAL

By signing below you approve of student attendance at this NCOC trip/event.



TEACHER SIGNATURE

CLASS

PERIOD / TIME

After all teachers have signed, forward to Guidance Counselor and Superintendent for approval.

 Guidance Counselor: _____

 Superintendent: _____  Approved Denied

This form must be signed in all appropriate places and returned two days prior to trip/event.

WHITE - NCOC

YELLOW - NCOC INSTRUCTOR

PINK - COMPONENT SCHOOL