

EXHIBIT A  
(English version)

PLANO INDEPENDENT SCHOOL DISTRICT  
PERMISSION FOR STUDENT TO PARTICIPATE IN SCHOOL-SPONSORED TRIPS

Name of event: \_\_\_\_\_

Date(s) of event—Departure: \_\_\_\_\_ Return: \_\_\_\_\_

Destination: \_\_\_\_\_

I desire that my son/daughter be allowed to travel to and from the event listed above and to participate in this event.

Printed name of parent or guardian: \_\_\_\_\_

Signature of parent or legal guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_  
(if 18 or more years of age)

Date: \_\_\_\_\_

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**Note:** Student medical/emergency information card must be on file in the school office.

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