

Teamwork for Excellence



PLANO  
Independent School District

**PLANO INDEPENDENT SCHOOL DISTRICT**  
Permission for Members of Student Groups to Participate in  
School-Sponsored Trips

**Name of Group:** Plano West Orchestra

**School Year of Group Activities:**2017-2018

I desire that my son/daughter be allowed to travel to and from the events attended by the group listed above during this school year and to participate in these events.

\_\_\_\_\_  
**Printed Name of Parent/Guardian**

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Student**

\_\_\_\_\_  
**Additional Signature of Student  
(if 18 years old or older)**

\_\_\_\_\_  
**Date**

**Note:** Student Medical/Emergency Information Card must be on file in the school office.