

# OFF-CAMPUS EDUCATIONAL ACTIVITY

## Community-Based Activity Consent Form

Sonoma County Office of Education  
5340 Skylane Boulevard, Santa Rosa, CA 95403-8246

Date \_\_\_\_\_

Dear Parents/Guardians,

Community-Based Activities are a very important part of your child's education. To give your child firsthand experience of what's being studied in the classroom, we have scheduled the following community-based activity and are requesting permission for your child's participation.

Activity Location: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

Activity Date(s): \_\_\_\_\_

Activity Time Frame: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

Students should bring:  Bag Lunch  \$ \_\_\_\_\_  Other \_\_\_\_\_

Please complete the bottom portion of this form and return it to me by the date indicated.

Teacher \_\_\_\_\_

School Site \_\_\_\_\_

Phone \_\_\_\_\_



Complete this section and return the **bottom portion only** of the form by: \_\_\_\_\_

Activity Date(s): \_\_\_\_\_

Activity Location: \_\_\_\_\_

Print name of child/charge \_\_\_\_\_

- Yes, I give my permission for my child/charge to participate in the community-based activity described above.
- I would be willing to serve as a chaperon.
- No, I do not approve of this activity. Please contact me to discuss my concerns.

Print Name \_\_\_\_\_

Day Phone \_\_\_\_\_  Parent  Guardian  Careprovider

Signature \_\_\_\_\_ Date \_\_\_\_\_