Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YTP FIELD TRIP/COMMUNITY-BASED ACTIVITY PERMISSION AND STUDENT CONDUCT AGREEMENT**

Dear Parent/Guardian,

During the school year, students that participate in the Youth Transition Program may go on field trips or participate in community-based activities away from the classroom site. These are educational activities designed to enhance your student’s vocational outcomes and are considered extensions of in-school transition activities as recommended by the student’s IEP team or Vocational Rehabilitation counselor.

Transportation might include walking, riding a bike, riding a bus, or traveling in a car of van driven by (school and/or district name here) and/or YTP employee.

**Please initial your preference and sign below**

\_\_\_\_ I **DO** give permission for my son/daughter to participate in off-site activities as described above.

\_\_\_\_ I **DO NOT** give permission for my son/daughter to participate in off-site activities as described above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Parent Signature Print Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Print Name Date