

ARLINGTON INDEPENDENT SCHOOL DISTRICT
Permission to Travel

To: Parent/Legal Guardian of: _____

Student's Name

I hereby request permission for the above student of the Arlington Independent School District to attend the following

district approved trip(s) this school year:

Description of Trip	Date	Means of Transportation
Center for Visual and Performing Arts	5/1/24 OR 5/2/24	AISD Bus

STUDENT TRAVEL CODE OF CONDUCT

ALL DECISIONS AND INFORMATION MUST BE COMPLETELY

AND ACCURATELY FILLED OUT TO TRAVEL

Students may be sent home immediately from the trip for issues that are illegal or jeopardize the safety of any student, chaperone or administrator. Failure to follow the AISD Student Code of Conduct or the directives

of trip coordinator or administrator will be communicated to parents, and campus administration in a timely manner. If student is sent home as a result it shall be at the expense of the parent.