



Christine Simpson
Principal

Rouse High School
LEANDER INDEPENDENT SCHOOL DISTRICT
1222 Raider Way
PO Box 218
Leander, TX 78646-0218
(512) 435-8200 Fax: (512) 435-8205



Dan Troxell, Ph.D.
Superintendent

FIELD TRIP PERMISSION

Dear Principal:

The student has my permission to attend and participate in:

- 1. Activity:**
- 2. Location:**
- 3. Dates:**
- 4. Faculty Contact:**

The student has assured me that he/she will conduct him/herself so credit will be reflected upon the school.

The student has permission to ride the LISD transportation provided.

We will leave from Rouse at

I authorize the Leander ISD representative to:

- 1. Represent me before any medical institute where it may be necessary to send the student, while under the care.
- 2. Give in my name the necessary authorization for surgery in case of emergency when medical authorities deem it indispensable.
- 3. Represent me while under custody.

Student Name:

_____ ID# _____

Signature of Parent/Guardian:

Date: _____