

## Carmel High School – FIELD TRIP CHECKOUT

Student Name: \_\_\_\_\_

Nature of Field Trip: \_\_\_\_\_

Department/Class: \_\_\_\_\_

Date(s) Absent From Other Classes: \_\_\_\_\_

PER	CLASS	TEACHER INITIAL (denotes awareness of absence)	ASSIGNMENT
1			
2			
3			
4			
5			
6			
7			

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