

**SOUTHWEST COOK COUNTY COOPERATIVE  
ASSOCIATION FOR SPECIAL EDUCATION  
6020 W. 151 Street ♦ Oak Forest, IL 60452  
(708) 687-0900 ♦ FAX (708) 687-5695**

**COMMUNITY FIELD TRIP PERMISSION FORM**

- I grant permission for my child to participate in community-based instructional activities, as scheduled.

**This is pursuant to 20 U.S.C. § 1232g, 105 ILCS 10/1 et seq., and 740 ILCS110/1 etseq. I understand that a refusal to sign this consent form will result in my child being excluded from the community-based field trip.**

**Please sign and return this form to your child's classroom teacher.**

\_\_\_\_\_  
**Student's Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Student's Signature (if age 18 or older)**

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**cc: Student file (at Co-op)  
Teacher file (at Site)**