

# FIELD TRIP PERMISSION SLIP

Date \_\_\_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Dear Parent/Guardian:

Our class will be going on a field trip to \_\_\_\_\_  
(Place)

on \_\_\_\_\_ We will leave school at \_\_\_\_\_ a.m./p.m.  
(Date)

The class will be transported by \_\_\_\_\_

Indicate if transportation is via  Non-District owned vehicle  Non-District driver

The cost will be \$ \_\_\_\_\_ per student.

Please sign and return this form.

Sincerely,

(Name of Teacher)

\*\*\*\*\*

\_\_\_\_\_ I **will allow** my child to participate in this field trip.

\_\_\_\_\_ I **do not** wish my child to participate in this field trip.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date