

PARENTAL PERMISSION FOR FIELD TRIP

Bedford County Board of Education

Name of Student: _____

has my permission to make an off-campus field trip described below:

Group(s) _____

Location(s)

Purpose(s)

Date of Trip _____

Departure Time _____

Return Time _____

Mode of Transportation _____

Chaperones _____

Personal Expense(s) _____

Parent/Legal Guardian Signature _____

Date _____