

BRADLEY COUNTY SCHOOLS Field Trip Permission Form

SCHOOL Prospect CLASS Ovation Approximate No. of Adults: 2

Location: mt. Olive CoG

Purpose of Trip: rehearsal

Leaving: Day/Date: December 5 Time Leaving: 8:30

Returning: Day/Date: same Time Returning: 11:15

Cost: \$ 0 Check or Cash Payable to: _____

Additional Information: will return to school for lunch as usual

Teacher: J Taylor Contact Information: 418-8814
(Additional information may include phone number where parents can reach their child in case of an emergency at home, overnight accommodations, anticipated arrival time at the event site, etc.)

Important: Please keep the top portion of this field trip permission form for your records.
✂ CUT HERE ----- ✂ CUT HERE ----- ✂ CUT HERE ----- ✂ CUT HERE ----- ✂ CUT HERE

Please return permission slip to your child's teacher by _____

I give my child _____, permission to attend the field trip to _____
(Student's Name) on _____

from _____ to _____

I enclose \$ _____ (Exact cash or check payable to school) to cover the cost of the trip.

I give permission for my child to receive emergency medical treatment. In case of emergency, please contact

	Name	Phone Number
1.		
2.		
3.		

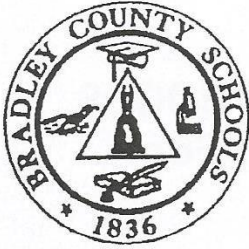
My child has the following dietary or medical needs: _____

My child and I are familiar with the school's code of conduct and are in agreement that he/she will abide by all rules and regulations while attending this school function. I understand that participation in this field trip is voluntary and that it exposes my child to possible risk(s).

Parent's/Guardian's Signature _____ Date _____

Signature of Student _____ Date _____

Parent chaperones may or may not be necessary for this trip. Please indicate your willingness to assist.
If your assistance is needed, your child's teacher will contact you. Name _____
 Yes, I am available to serve as a chaperone. I can be reached at _____



BRADLEY COUNTY SCHOOLS Field Trip Permission Form

SCHOOL Prospect CLASS Ovation Approximate No. of Adults: 2

Location: BC Courthouse - Keith St, Wife Care, Honda of Cleveland, Signature Health

Purpose of Trip: Performance tour

Leaving: Day/Date: December 8 Time Leaving: 8:30

Returning: Day/Date: Same Time Returning: 2:15

Cost: \$ Check or Cash Payable to: _____

Additional Information: _____

Teacher: Taylor Contact Information: 478-8814

(Additional information may include phone number where parents can reach their child in case of an emergency at home, overnight accommodations, anticipated arrival time at the event site, etc.)

Important: Please keep the top portion of this field trip permission form for your records.

✂ CUT HERE ----- ✂ CUT HERE ----- ✂ CUT HERE ----- ✂ CUT HERE ----- ✂ CUT HERE

Please return permission slip to your child's teacher by _____

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(Student's Name) on _____

from _____ to _____

I enclose \$ _____ (Exact cash or check payable to school) to cover the cost of the trip.

I give permission for my child to receive emergency medical treatment. In case of emergency, please contact

	Name	Phone Number
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Parent's/Guardian's Signature _____ Date _____

Signature of Student _____ Date _____

Parent chaperones may or may not be necessary for this trip. Please indicate your willingness to assist.
If your assistance is needed, your child's teacher will contact you. Name _____
 Yes, I am available to serve as a chaperone. I can be reached at _____