



## FIELD TRIP PERMISSION FORM

Dear Parents:

Our class will be going on a field trip to: \_\_\_\_\_

on: \_\_\_\_\_ from: \_\_\_\_\_ a.m. until: \_\_\_\_\_ p.m.

Our destination will be \_\_\_\_\_

Supplies needed: \_\_\_\_\_

Lunch will be:  Not Necessary     Provided by Student     Other: \_\_\_\_\_

Fee for field trip is: \$ \_\_\_\_\_

\*\*\*\*\*Please cut and return\*\*\*\*\*

I give permission for \_\_\_\_\_ to participate in the field trip to

\_\_\_\_\_, On (date) \_\_\_\_\_, 20\_\_\_\_\_.

I can attend as a chaperone.     Yes     No

I am aware there is a fee of \$ \_\_\_\_\_

Are there any special circumstances ALA should be aware of? Medications that need to be taken while on field trip? \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

**Front office Use Only:**    Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Payment type: \_\_\_\_\_

Documented in IC: \_\_\_\_\_