

SCHOOL FIELD TRIP PERMISSION FORM

As parent/legal guardian of	, I gra
(Print Student's Name) permission for him/her to participate in a fieldtrip to	
Nature or purpose of the trip:	
Date/time leaving:	
Date/time returning:	
Cost of the trip per student:	
Please mark one: ☐ I'd like to volunteer to be	a chaperone
□ No, I cannot be a chapero	ne
Parent's Name	Parent's Phone Number
Signature of Parent/Guardian	Date