## SCHOOL’S NAME

PERMISSION SLIP

|  |  |
| --- | --- |
| Your child’s class will be attending: |  |

|  |  |
| --- | --- |
| **Date** |  |
| **Time** |  |
| **Place** |  |
| **Location** |  |
| **Cost per Person** |  |

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Class \_\_\_\_\_\_\_\_\_\_\_

To attend the field trip from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

In case of an emergency, please contact:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name |  | Phone Number |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Parent/Guardian |  | Date |