

Field Trip

A field trip to:

Date:

Time:

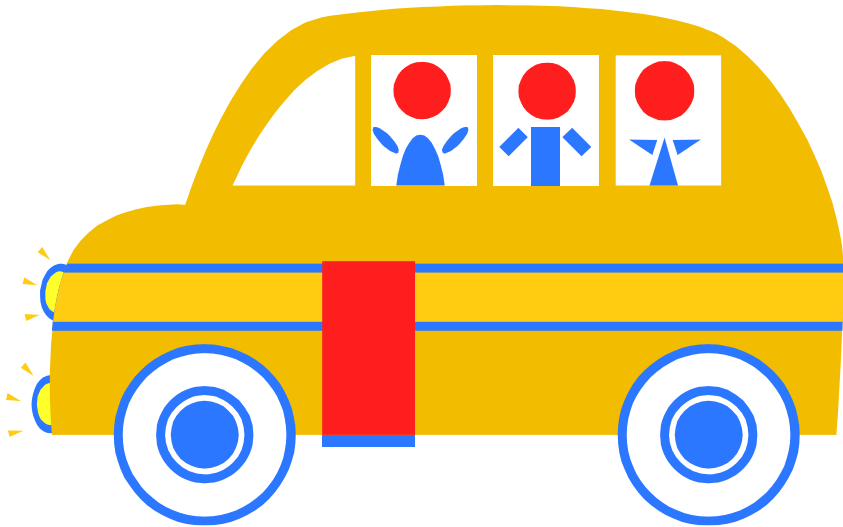
Location:

Cost: \$

Transportation:

Class/Teacher:

For more information, please call 304-746-0099



Please cut here and return the permission slip

Permission Slip

Please return this part by:

I give permission for my child

_____ to attend the field trip to

_____ on _____ from _____ to _____.

Enclosed is \$ _____ as requested.

In case of emergency:

* I give my permission for my child to receive medical treatment.

* Please contact:

Name: _____

Phone: _____

Signed & Dated by Parent/Guardian



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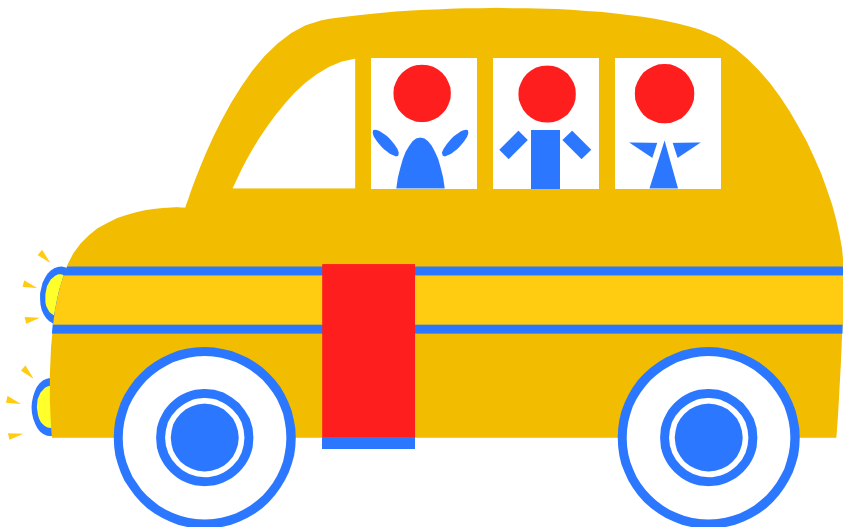
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