

Pingry School-Martinsville Campus

Trip Permission Slip

Trip Participants and Destination: _____

Date(s): _____

Time of Departure: _____

Anticipated Time of Arrival: _____

Time of Departure for Return Trip: _____

Anticipated Time of Return to Martinsville: _____

Method of Transportation: _____

Chaperones: _____

Estimated Cost of Trip: _____

(As with all Pingry trips, financial aid is available. Please call the Upper School office with any questions)

PLEASE KEEP THE ABOVE PORTION OF THE SLIP FOR YOUR REFERENCE

I do hereby grant permission for _____ to participate on the trip

to _____ on _____.

I am aware that the expense of the trip will be charged to my Pingry account. I am also aware that while on this trip, Pingry School rules are in effect and any violation of those rules will result in disciplinary action. I give my permission for emergency treatment for injuries sustained during this school function.

Signature of Parent or Guardian Date

Please include parent(s)/guardian emergency contact information for the time of the trip:

Name	Phone number	Alternate Phone number
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