ST. GABRIEL CONSOLIDATED SCHOOL Field Trip Permission Slip

I request that St. Gabriel Consolidated School allow my child to participate in a field trip to:

	(Place)
I give permission for my child	(Name of Student)
to go on the above listed field trip on	(date of trip)
The cost of the field trip is	
	ents for the trip by St. Gabriel Consolidated School, I hereby Gabriel Consolidated, Cincinnati, OH and any liability for any resulting from this trip.
Parent/Legal Guardian	
Address	
Daytime Telephone Number	
PLEASE RETURN PERMISSION	SLIP AND MONEY BY:
I am (able, unable) to accompany th	ne class on this trip.
(Parent Signature)	(Phone Number)