Teacher's Name:	Room #: Date:		
Dear Parents,			
On	we will visit		
On We will leave Lafay	vette Academy Charter at		
The cost of the field trip will be per stu	dent.		
□Spending money will be needed.			
□ Lunch will be provided			
☐ Students will need to bring a bag lund	ch.		
Please sign the permission slip and return it with	the fee by		
	Teacher:		
I give permission for	_, a student at Lafayette Academy		
Charter School, to attend the field trip to the	on		
While it is my understanding that the school system			
supervision, I agree that the school system is not to which injury may occur in spite of normal percaution			
Parent/Guardian signature			
Phone #:			

