



2980 West U.S. Highway 10
Ludington, MI 49431
(231) 845-9183
(231) 845-9058
ccsoffice@ccs-ludington.org
www.ccs-ludington.org

"Getting to the heart of the matter"

Transportation Permission Slip

School Year: _____ / _____

My child _____, grade _____, has my permission to go on any and all school-sponsored field trips with Covenant Christian School for the above stated school year. I understand that an adult, licensed driver will transport my child to and from the field trip activities.

Parent Signature: _____ Date: ____/____/____

Contact Number: (____) ____ - _____

Emergency Contact: _____ Contact Number: (____) ____ - _____

Insurance Provider: _____ Policy Number: _____

Student Information Sheet

Student Name: _____ Birthdate: ____/____/____

Address: _____ City/State/Zip: _____

Father's Name: _____ Contact Number: (____) ____ - _____

Mother's Name: _____ Contact Number: (____) ____ - _____

Emergency Contact: _____ Contact Number: (____) ____ - _____

Parent Email: _____

Applicable Medical Information (i.e. allergies, etc.)

Other Comments:



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