Choice Foundation

Field Trip Permission Form

| Teacher's Name: | | Room #: | | | |
|---------------------------|-----------------------------|---|--|--|--|
| | | Date: | | | |
| Dear Parents, | | | | | |
| | | we will visit | | | |
| | We will leave | | | | |
| | at The cos | st of the field trip will | | | |
| be | per student. | | | | |
| □ Spending money | will be needed. | | | | |
| □ Lunch will be pro | | | | | |
| • | | L | | | |
| □ Students will nee | d to bring a bag lunc | n. | | | |
| Please sign the permiss | ion slip and return it with | the fee by | | | |
| | Т | Teacher: | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| I give permission for | , to attend the field | _, a student at | | | |
| | to attend the field | d trip to the _ | | | |
| | _ | s responsible for providing adequate | | | |
| | | e held liable in those instances during | | | |
| which injury may occur in | spite of normal precautions | • | | | |
| Parent/Guardian signatur | e | | | | |
| Phone #: | | | | | |

