

Field Trip Permission Form

Dear Parent or Guardian,
Your child is going on a field trip. Please read the information, then sign and return the permission slip at the bottom of this form by two days before the fieldtrip.

Field Trip Information:

Date: 6th day of Unit

Location: The Holocaust Memorial Museum

Purpose: Students will explore information and artifacts in order to gain knowledge of the Holocaust during World War II.

Cost: TBD

Means of Transportation: BUS

Leave school: 8:00 a.m.

Arrive back at school: 2:00 p.m.

Special Instructions: Students will report to their first hour class where they will then be dismissed at 7:50 and report to the bus. Students are expected to bring a bagged lunch.

Save this part of the form for future reference.

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Sign this part of the form and return it to your child's teacher.

_____ has permission to attend a field trip to
_____ on _____ from
_____ to _____.

Enclosed, please find \$ _____ to cover the cost of the trip.

I give my permission for _____ to receive emergency medical treatment. In an emergency, please contact:

Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____