

FIELD TRIP PERMISSION FORM

Date:

Dear Parent or Legal Guardian,

Your child’s classroom will be participating in a school sponsored activity away from school grounds. This activity will be under the supervision of employees from St. Paul Parish School and parent chaperones.

- NAME OF EVENT:**
- DESTINATION:**
- DESIGNATED TEACHER(S):**
- DATE/TIME OF DEPARTURE:**
- DATE/ANTICIPATED TIME OF RETURN:**
- DRESS CODE FOR THE ACTIVITY:**
- SPECIAL ITEMS NEEDED FOR ACTIVITY:**
- NUMBER OF CHAPERONES NEEDED:**
- METHOD OF TRANSPORTATION:**
- TOTAL STUDENT COST:**

If you would like your child to participate in the above activity/event. please complete, sign and detach the bottom of this form by the due date below. Please keep the top portion as a reminder for the trip information.

PLEASE RETURN THIS FORM BY:

I hereby consent to my child’s participation in the event described above. I understand that as parent or legal guardian. I remain fully responsible for any legal responsibility which may result from any personal actions taken by my child. I understand this activity will take place away from school grounds and agree to the above method of transportation.

(Print) Parents’ Name _____ (Print) Child’s Name _____

Name of Event _____ Date of Activity _____

Parent’s Signature _____ Today’s Date _____

**Can you help chaperone this activity _____ Phone _____
(A teacher will call you if your help is needed)**

**If you can drive, how many students can you take? _____
(Number of seatbelts, determines number of students you can take)**