FIELD TRIP PERMISSION FORM

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)