

ASCOT PRIMARY SCHOOL

Field Trip Permission Form

Your child's class will be attending a field trip as follows:

Location: _____

Mode of transportation: _____

When: Day _____ Date _____

Time: Leave school _____ Return by _____

Cost: \$ _____

(Exact cash payable to teacher)

Additional instruction:

Grade Coordinator

Mark Jackson (Principal)

ASCOT PRIMARY SCHOOL

Please return permission slip to your child's teacher by _____

I give my child _____ of Grade _____

(Name)

Permission to attend the field trip to _____

On _____ from _____ to _____

(Date)

(Depart)

(Arrive)

I enclose _____ (exact cash payable to teacher) to cover the cost of the trip.

I give my permission for my child to receive emergency medical treatment in case of emergency, please contact:

(Parent/Guardian's name)

(Phone number)

(Parent /Guardian signature)

(Date)