

Field Trip Permission Form

STANTON MIDDLE SCHOOL

Dear Parent or Guardian,
Your child is going on a field trip. Please read the information at the top of this form, then sign and return the permission slip at the bottom of this form by _____. **No refunds after this date. No exceptions. All student obligations must be cleared by the main office.**

Field Trip Information:

Date: _____

Location: _____

Purpose: _____

Cost of Trip /Transportation: _____

Transportation cost will not be refunded

Cash or Money Order ONLY DUE ON: _____

Means of Transportation: _____

Leave school: _____ Arrive back at school: _____

ALL STUDENTS MUST BE PICKED UP ON TIME.

Special Instructions: _____

Save this part of the form for future reference.

Cut here----- *Cut here*

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 cash/money order in the amount of _____ to cover the cost of the trip and transportation. Transportation cost will not be refunded.

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

Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____