

Field Trip Information Sheet and Permission Slip

Parent Copy:

Destination: _____

Date of Trip: _____

Time of Departure from school: _____

Time of Return to school: _____

Cost: _____ Mode of Travel _____

Driver's Needed: _____

Special Considerations (special clothes, lunch, etc.) _____

Teacher: _____ Date of Memo: _____

Please return teacher's copy by: _____

*****Please clip and return*****

Teacher's Copy

Child's Name: _____ Field Trip: _____

Place a check mark on the appropriate line and return to your child's teacher.
Your child may **NOT** participate unless this form is on file with the teacher.

____ I have read the information above. My child has my permission to participate in the field trip.

____ I have read the information above. I do not wish for my child to participate. I will make special arrangements for him/her during the time cited above.

Parents' Signature: _____ Date: _____

____ Yes, I can drive. I have insurance coverage for my car and enough seat belts to safely take _____ children. **My proof of insurance is attached and copy of driver's license is attached.**

____ Yes, I have a background check on file with Bethlehem Lutheran Preschool.
