PARENTAL PERMISSION FORM

School/D	Department:	Date:
To: P	arent(s) or Guardian(s)
From: Y	our Child's Teacher/	Coach/Sponsor
	activity has been pla	nned away from the normal school premises. The specific is listed below:
Name of	School Activity:	
Date of S	School Activity:	
Name of	Person in Charge:	
Trip Des	tination:	
Departur	e Time:	
Expected	Time of Return:	
Cost to Y	our Child:	
Method o	of Transportation:	
Other:		
		e the trip to participate in the school activity, you are asked to child to make the trip by signing below.
Parent/G	uardian Signature:	
B		

Provided you do not wish for your child to make the trip, please return this form unsigned by your child to the person in charge. In such a case, your child will be provided with appropriate educational experiences at school.