

# FIELD TRIP PERMISSION FORM

\_\_\_\_\_ will be involved in a field trip  
(student)

for \_\_\_\_\_  
(class, club, etc.)

Destination \_\_\_\_\_

Purpose \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_

Special Instructions/Comments \_\_\_\_\_

We would appreciate your consent in allowing your child to take part in this program.

Mike Bogard  
Principal

\_\_\_\_\_  
Parent Signature