

LEVEL ONE OR TWO LOWER-RISK FIELD TRIP PARENT PERMISSION FORM

Please return by:

Name of student:	("my child")
Name of school:	Grade:
Date of trip:	
I have read and am informed about the proposed field	ld trip to(location)
	,
on I request t	that my child
participate in this field trip.	(student's name)
I understand there is a cost involved and have enclo	sedwith this form. (amount)
If you have any concerns around the cost of this trip <u>Hardship.</u>	, refer to the school district's <u>Policy 430: Fees, Deposits and Financial</u>
In the event of an emergency, when a family member the following emergency contacts:	er cannot be contacted at home, please try to reach one of
the following emergency contacts:	Phone:
the following emergency contacts: Name: Name: I, the undersigned parent or legal guardian of the ab allowed to participate in the event described above (Phone: Phone: ove-named student, request that my son/daughter be for the series of events listed on the back of this form).
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