

SIJ Field Trip Permission Slip Form



FIELD TRIP PERMISSION SLIP FORM

JOLIET DIOCESAN SCHOOL SYSTEM

On _____ will be taking
(day, date) (class)

a field trip to _____
(place)

The educational benefit of this trip will be _____.

We will leave school at _____ and arrive back to school by _____.
(time)

There will be _____ chaperons per _____ children.

Transportation will be by _____. The cost of the trip will be
(bus, foot, etc.)

\$_____. Please return the signed permission slip with the money by _____.
(amount) (date)

Thank you.

I request that _____
(Name of School)

take my child _____
(Student's Name)

on a field trip to _____.

RELEASE: If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgement to transport the child to a hospital emergency room.

Date: _____ Parent's Signature _____.

I can be reached on the day of the field trip at the following phone # _____.