

Field Trip Permission Form

Dear Parent or Guardian,
Your child is going on a field trip. Please read the information at the top of this form, then sign and return the permission slip at the bottom of this form by October 14, 2014.

Field Trip Information:

Date: Friday, October 17, 2014

Location: St. Augustine, FL

Cost: TBD

Cash or check payable to: Sancta Familia Academy

Means of Transportation: Parent and Faculty drivers

Leave school: 8:00 a.m.

Arrive back at school: TBD

Special Instructions:

Save this part of the form for future reference.

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Sign this part of the form and return it to your child's teacher.

_____ has permission to
attend a field trip with **Sancta Familia Academy**

To: **St. Augustine, Florida**

On: **Friday, October 10, 2014**

From: **8:00 a.m. to dark**

Enclosed, please find cash/check in the amount of _____ to cover
the cost of the trip.

I give my permission for _____ to receive
emergency medical treatment.

In case of emergency, please contact:

Name: _____ Cell Phone: _____

Parent/Guardian Signature: _____ Date: _____