

LEXINGTON PUBLIC SCHOOLS

Field Trip Permission Form

Your child's class will be attending a field trip to: _____

<i>Date</i>	_____	<i>Time</i>	_____
<i>Location</i>	_____		
<i>Cost</i>	_____		
<i>Transportation</i>	_____		
<i>Notes</i>	_____ _____ _____		

Please return this permission slip by: _____

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I give permission for my child _____ homeroom _____	
to attend the field trip to _____ on _____	
from _____ to _____	
Enclosed is \$ _____ to cover the cost of the trip. (Exact cash or check made payable to school.)	
In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:	
Name _____	Phone _____
Parent/Guardian Signature _____	Date _____