PARENT FIELD TRIP PERMISSION SLIP 9th Grade

| Name of Student: (Please Print) | A A A A A A A A A A A A A A A A A A A | | |
|---|--|---|-------------------------|
| I, the parent or guardians of the above described as follows: | named student, give my perr | mission for my child to partic | ipate in the field trip |
| Permission Slip Due Date: Feb. | 12 | | |
| Jr. High Cost: \$27.00 | | | · |
| Elementary Donation: | | | |
| Date of trip: Wednesday, 1 Departure Time: 9:15 AM | <u>March G. 2019</u> _Return Time: <u>12:45 F</u> | <u> </u> | |
| Destination and activities: | | | |
| Destination and activities. Wasa | tch Parc Snov | <u>u lubing</u> | |
| Parent/Guardian contact numbers: (home) | (other) | ACTION OF THE PARTY OF T | |
| | | | |
| Parent/Guardian Signature | | Date | |
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| Destination and activities: Wasa | Return Time: 12:45 | Tubing | |
| Destination and esticition a | Return Time: 12:45 tch Parc Snow (other) | Tubing | |