

PARENT FIELD TRIP PERMISSION SLIP 9th Grade

Name of Student: *(Please Print)* _____

I, the parent or guardians of the above named student, give my permission for my child to participate in the field trip described as follows:

Permission Slip Due Date: Feb. 12

Jr. High Cost: \$27.00

Elementary Donation: —

Date of trip: Wednesday, March 6, 2019
Departure Time: 9:15 AM Return Time: 12:45 PM

Destination and activities: Wasatch Parc Snow Tubing

Parent/Guardian contact numbers: (home): _____ (other): _____

Parent/Guardian Signature _____ Date _____

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