

CORNERSTONE MONTESSORI SCHOOL

Field Trip Permission Form

_____ School Year

Your child/ren will be attending a field trip to: _____

Date	_____	Time	_____
Location	_____		
Cost	_____		
Transportation	_____		
Notes	_____ _____ _____		

Please return this permission slip by: _____

I give permission for my child _____ in(class) _____
to attend the field trip to _____ on _____
from _____ to _____
Can you help Yes/No _____ by driving students to and from the field trip. Signed Vehicle Form required.

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 _____

