

FAITH CHRISTIAN ACADEMY FIELD TRIP PERMISSION FORM

_____ has my permission to participate in
STUDENT'S NAME

the following school sponsored field trip: _____

Trip Date: _____

Leave time: _____

Return time: _____

Student cost: _____

SIGNATURE OF PARENT

HOME TELEPHONE NUMBER

EMERGENCY TELEPHONE NUMBER

Students agree to abide by school rules and remain with assigned chaperones all day.

Signature of Student