Permission Slip for School Travel

Date:	
Dear Parent/Guardian,	
We are excited to inform you that the class will be goin on This experience will help enhance o of	g on a field trip to ur students' understanding
Trip Details	
 Date: Departure Time: Return Time: Cost: 	
Please provide your permission for your child to attend this trip by sign	ing below.
Permission	
I, the undersigned, permit my child, on	
Parent/Guardian Name:	
Signature:	
Date:	_
If you have any questions or concerns, please feel free to contact us at _	
Thank you for your cooperation.	
Sincerely,	
Teacher's Name School Name	