

Angels of Hope Preschool Field Trip Permission Slip

On _____, _____, we will be taking a field
trip to _____.
(day) (date)

Please sign and return this note by _____
(date)
so your child may participate in this learning experience.

_____ has my permission to participate
(child's name)
in the field trip mentioned above.

_____ (date signed) _____ (parent's signature)

() Yes, I would like to accompany the group as a chaperone.

I can fit _____ carseats in my vehicle in addition to my own.

Cost for this field trip is _____ per child.

additional notes:

