

FIELD TRIP PARENTAL PERMISSION FORM
WINSTON COUNTY BOARD OF EDUCATION
Double Springs, AL

School/Department_____ Date_____

To: Parent(s) or Guardian(s)

Your Child's Name _____

From: Your Child's Teacher/Coach/Sponsor

A school activity has been planned away from the normal school premises. The specific information about the activity is listed below:

Name of School Activity_____

Name of Person in Charge_____

Trip Destination_____

Departure Time_____

Expected Time of Return_____

Cost to Your Child_____

Method of Transportation_____

Other_____

In order for your child to make the trip to participate in the school activity, you are asked to signify your approval for your child to make the trip by signing below.

Parent/Guardian Signature_____

Provided you do not wish for your child to make the trip, please return this form unsigned by your child to the person in charge. In such case, your child will be provided with appropriate educational experiences at school.