

GREAT NECK PUBLIC SCHOOLS
PARENT APPROVAL FOR EDUCATIONAL FIELD TRIP
ELEMENTARY

School (please circle): E.M. Baker John F. Kennedy Lakeville Parkville Saddle Rock

Teacher: _____ Grade/Subject: _____

I give my permission as the undersigned parent/legal guardian of _____ to
 participate in an education field trip to _____

on _____ for the purpose of _____.

Student Health Concerns/Medication Requirements: _____

I further authorize the receipt of medical treatment in case of emergency.

 Parent/Legal Guardian Signature

 Date

Emergency Contact Phone Number(s) _____

Please return top portion to your child's teacher and retain this section for your information.

Grade/Subject: _____ trip to _____ on _____

Method of transportation:

Time leaving school: _____ AM PM (please circle)

Approximate time of return to school: _____ AM PM (please circle)

Costs/Special Fees: _____
 (make check payable to the Great Neck Public Schools)

Special Clothing: _____

Other information/arrangements: _____

Permission slip must be returned by (date) _____

All field trips are governed by Board of Education policy:



← 4531 Field Trips

(<https://www.greatneck.k12.ny.us/cms/lib/NY02208059/Centricity/domain/28/policies/4531FieldTrips-E7.pdf>)

5300 Code of Conduct

(<https://www.greatneck.k12.ny.us/cms/lib/NY02208059/Centricity/domain/28/policies/5300CompleteCodeofConduct.pdf>) →



Great Neck Public Schools

Adopted: 11/19/12; 12/6/17; 1/19/21