FIELD TRIP PERMISSION
COLOMA ELEMENTARY SCHOOL

WE ARE GOING TO: _____

PURPOSE OF TRIP: _____

DATE OF TRIP: _____

TRANSPORTATION: **BUS** **WALKING**

LEAVING SCHOOL: _____ RETURN: _____

COST: _____

TEACHER(S): _____

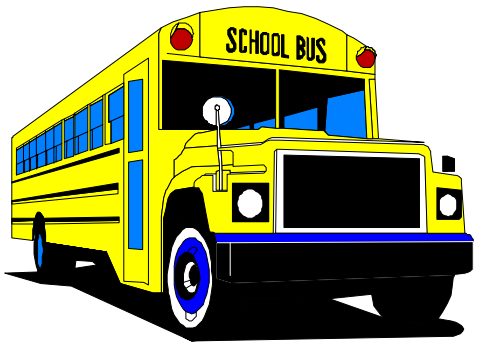
I GIVE MY PERMISSION FOR _____ TO GO ON THE FIELD TRIP.
STUDENT NAME

PARENT SIGNATURE:_____

PLEASE HAVE YOUR CHILD'S PERMISSION SLIP TURNED IN BY:

_____

AMOUNT DUE: $_____



COLOMA ELEMENTARY SCHOOL
468-2420