

Field Trip Permission Form

Dear Parent or Guardian,

Our 6th, 7th, and 8th graders have the opportunity to visit MOSH to experience the Anne Frank Exhibition. Please read the information at the top of this form, then sign and return the permission slip at the bottom of this form by **2/05/17**.

Field Trip Information:

Date: **02/05/17**

Location: **Jacksonville’s Museum of Science and History (MOSH)**

Purpose: **To Experience the Anne Frank Exhibition**

Means of Transportation: **Parents,** **Teachers and Religious School Staff Vehicles**

Leave school: **12:15 PM** Arrive back at school: **3:00 PM**

Special Instructions: **Parents are welcome to drive their own child, but transportation cannot be provided by anyone else without a completed field trip permission form.**

*Save this part of the form for future reference.*

*Cut here*-------------------------------------------------------------------------------------------------------------------- *Cut here*

*Sign this part of the form and return it to your child's teacher.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has permission to attend a field trip to

**MOSH** on **February 5, 2017** from **12:15 PM** to **3:00 PM**.

I give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive emergency medical

treatment. In an emergency, please contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_