

Field Trip Permission Slip

Student's Name _____

Grade _____

Teacher _____

By signing this form, I request that my child _____ be allowed to attend the field trip to _____ (where) on _____ (date).

I have given the information required above, and I release St. Francis of Assisi Catholic School's teachers, principal and staff from all liability and waive any claims against them.

Parent or Guardian Signature

Date

Please fax this completed form to St. Francis of Assisi Catholic School office.
(316) 722-0492.