

Oakman Elementary

7545 Chase
Dearborn, MI 48126
(313) 827-6500



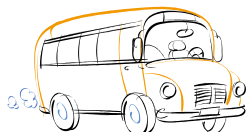
Where: _____

When: _____

Why: _____

Cost: _____

Please sign the permission slip below and have your child return it by: _____ / _____ / 13-14



DEARBORN PUBLIC SCHOOLS PARENT STUDENT PERMISSION SLIP



Parent permission to go on a field trip to:

I hereby give permission for my child or ward, _____ to participate in an educational trip planned and directed by my child's teacher. I understand that reasonable precautions will be taken to safeguard my child on field trips as is taken in all other school activities and I will not hold the Dearborn Board of Education or any of its employees responsible for any accident or loss which might be sustained.

Attendance on the field trip is not part of the student's grade for the course. Attendance is voluntary and no credit or "extra credit" is given. Such trips are for the purpose of enrichment as are any related activities, such as a field trip report.

Teacher, _____

Signed _____
(Parent or Guardian)

Grade _____ Date _____ Home Phone Number _____

Local Physician's Name _____

Address/Phone Number _____