***Howe Montessori School***

***FIELD TRIP PERMISSION FORM***



|  |
| --- |
| Your child’s class will be attending a field trip to:  Green Living Science, 1331 Holden Street, Detroit, MI 48202     |

|  |  |
| --- | --- |
| **Date:** | October 14, 2015     |
| **Time:** | 9:15 AM – 1:30 PM      |
| **Location:** | Green Living Science, 1331 Holden Street, Detroit, MI 48202        |

|  |  |
| --- | --- |
| **Cost:** |  $6.00 per person     |
| **Transportation:** |  School bus     |
| **Notes:** |  Pack paper bag lunch     |

**Please return this permission slip by:  Friday, October  2nd**

I give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in room \_\_\_\_\_\_\_\_\_\_, to attend the field trip to Green Living Science  on October 14th from \_\_\_9:15\_\_\_\_\_\_ to\_\_1:30\_\_\_\_\_\_\_\_.

Enclosed is $ \_\_\_\_\_\_\_\_\_ to cover the cost of the trip.  (Exact cash only please)

In case of an emergency, I give permission for my child to receive medical treatment.  In case of such an emergency, please contact:

Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_I would like to chaperone. Chaperone name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Yes, I would like to ride the bus \_\_\_\_\_ No I would like to drive my own car.