Location: Date: Date: Time: Cost: Mathed of	
Method of Transportation: School bus	
Notes:	
Please return this permission slip by: 4.13.	18
I give permission for my child,, to attend the field trip to on to	, in room
Enclosed is \$ 13.00 to cover the cost of the trip.	(Exact cash on (v)
City designation and the condition of th	()
In case of emergency, I give permission for my child to treatment. In case of such an emergency, please contact	receive medical t:
(name) (ph	one number)
)	
(parent/guardian signature) (da	te)
*	
Haigh Elementary	
School Contract Contr	