

HOPE TOWNSHIP SCHOOL  
FIELD TRIP PERMISSION SLIP

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Destination \_\_\_\_\_

Supervising Teacher \_\_\_\_\_

Date of Trip \_\_\_\_\_

Depart from school \_\_\_\_\_ Return to school \_\_\_\_\_

Cost to student \_\_\_\_\_ \*  
(Make check payable to Hope Township School Student Activity Account)

**\*If your child is unable to attend the trip without sufficient notice, your cost *may not* be refunded.**

A bag lunch will be needed \_\_\_\_\_ Lunch will be provided \_\_\_\_\_

Please indicate special medical problems, dietary needs or allergies \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

If the scheduled return time is after 3:13, I agree to pick up my child promptly at \_\_\_\_\_ on that day. I am aware that the school is closed after that time and that my child will be waiting outside of the building.

I understand that the school will provide suitable chaperones and that on this trip, my child will submit to all requirements of conduct prescribed by school authorities. I grant permission for my child to participate.

\_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

During the hours of this trip, I can be reached at (phone number) \_\_\_\_\_