

FRANKLIN PIERCE SCHOOL DISTRICT
315 129th Street South
Tacoma, WA 98444-5099

FIELD TRIP PARENT PERMISSION FORM

Date: _____

Dear Parents:

_____ is planning a trip to:

Place: _____

Address: _____

We will leave from (place) _____ at (time) _____

on (date) _____. We will return to school at approximately (time) _____

(If this time is after the normal dismissal, parents are responsible for transporting students home.)

Transportation will be by:

- School Bus
- School Auto/Van
- Private Vehicle - Adult Driver
- Chartered Vehicle (Must be arranged by district Transportation Office.)

The following items of clothing, food and materials must be supplied by the students:

PERMISSION STATEMENT

I give permission for my son/daughter (Name) _____
to participate in the field trip described above. The staff advisor or chaperones have my
permission to seek necessary emergency medical aid from the most convenient doctor, clinic,
or hospital.

Parent/Guardian Signature

Date

Emergency Contact

Phone Number

Relationship to student