

Apostles Lutheran School

Field Trip Permission Form

Trip/Event: _____ Date: _____

Departure Time: _____ Arrival Time back at School: _____

Cost: _____

My child _____ will be attending this field trip.

Home Phone Number _____

Mother's Work Number (and pager number) _____

Father's Work Number (and pager number) _____

Check one of the two blanks below, sign and return. (Those who wish to drive for this field trip should comply with the two following stipulations).

- I have attended and returned the necessary paperwork for this year's "Keeping Our Children Safe" class. ***(Those who have not will not be able to attend or drive..)***

- I will not place any child under 12 years old and/or under 80 pounds in a passenger side air bag seat. (The visor in a particular vehicle may indicate different guidelines. These guidelines must be followed if they are more restrictive than 12 years old and 80 pounds.)

____ I would like to drive, and I can take ____ students in my vehicle.

____ I will not be driving for this field trip.

Other information:

Parent Signature: _____