

ELMWOOD ELEMENTARY SCHOOL

FIELD TRIP PERMISSION SLIP

TO: (TEACHER'S NAME): _____

STUDENT NAME: _____ has my permission to travel

via **SCHOOL BUS** TO: _____

ON: _____.

I understand the students will leave school at _____ and return at

approximately _____.

Signature of Parent or Legal Guardian

Date

Daytime Phone No. _____

Emergency Phone No. _____