

# KOEPSSELL EDUCATION CENTER

## FIELD TRIP PERMISSION SLIP

WHO: \_\_\_\_\_ TEACHERS: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ has my permission to travel via

\_\_\_\_\_ **SCHOOL BUS** \_\_\_\_\_ TO: \_\_\_\_\_

for field days, 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. \_\_\_\_\_

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