

GATEWAY REGIONAL HIGH SCHOOL DISTRICT PARENTAL PERMISSION FOR SCHOOL TRIP

DATE: _____

We are asking your permission for your son/daughter, _____
to participate in the _____ trip. The pupils are planning to visit

_____ on _____ from
(Place) (Date)

_____. We believe that the students will gain
(Time)

educational value from the trip and hope that all will be able to participate. We plan to go by bus and will return to the school building before classes are dismissed. Students are not required to participate in this activity. It will not detract from their grade in any way. Please complete the form below and have your child return the lower portion of this note if you wish him/her to participate in this experience.

Sincerely,

Mr. Steve Hindman
Principal

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Gateway Regional High School Parental-Pupil Permission Slip

Date: _____

I hereby give permission for my child _____
to participate in the school trip to visit _____
on _____ from _____.

(Parent's Signature)

This student has a medical condition of which the chaperones should be aware. If box is checked, chaperones should consult the school nurse for more information.
School Nurse's signature _____

EMERGENCY CONTACT INFORMATION: (Where we can reach you during the time of this trip.)

Name: _____ PHONE: _____

Name: _____ PHONE: _____