

# 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  
(Name of Club/Class)

\_\_\_\_\_ on \_\_\_\_\_ from \_\_\_\_\_  
(Destination of Trip) (Day and Date) (Start & End Time)

We believe that the students will gain 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 (if weekday). 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

LUNCH:  Must provide your own bag lunch     Offered at destination     Upon return to school

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## Gateway Regional High School Parental-Pupil Permission Slip

Date: \_\_\_\_\_

I hereby give permission for my child \_\_\_\_\_  
to participate in the \_\_\_\_\_ trip. The pupils are planning to visit  
(Name of Club/Class)

\_\_\_\_\_ on \_\_\_\_\_ from \_\_\_\_\_  
(Destination of trip) (Day and Date) (Start & End Time)

\_\_\_\_\_  
(Parent's Signature)

LUNCH:  Must provide your own bag lunch     Offered at destination     Upon return to school

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: \_\_\_\_\_