

CANNON FALLS HIGH SCHOOL
STUDENT PERMIT
FIELD TRIP

NAME: _____

DATE OF TRIP: _____

DESTINATION: _____

CLASS AND TEACHERS: _____

LEAVE CANNON FALLS: _____

APPROXIMATE TIME OF RETURN: _____

(PARENT OR GUARDIAN SIGNATURE)

Hr.	Class	Teachers Signature
1		
2		
3		
4		
5		
6		
7		

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To The Parents:

The information shown above indicates a planned field trip, which is intended to be an important part of your child's educational experience.

The students will be under the direct supervision of the teacher and all reasonable safety precautions will be taken. However, neither the school or the teacher can assume total responsibility for your child while (he/she) is on the trip and we, therefore, ask that you grant your permission for (him/her) to participate. Thank you.

Tim Hodges
High School Principal