

EDUCATIONAL FIELD TRIP



Center: _____

Teacher: _____

Assistant: _____

On _____, 20____, we will be going on a field trip
Day, Month, & Date *Year*

to _____ at _____
Name of Place *Location*

We will be traveling by _____. We will leave school at _____ and
Bus/Walk *Time*
return at approximately _____.
Time

My child _____ Emergency Telephone: _____
Child's Name

(Please Circle One)

YES - My child may go

NO - My child may not go

X _____
Signature of Parent/Guardian

The educational purpose of this field trip is:

Nutritional Awareness

Scientific Exploration

Bus Safety

Socialization Skills

Cultural Awareness

Agricultural Experience

Theatrical Experience

Other: _____