

Student ID # _____
Grade : _____

FIELD TRIP PERMIT

Student Name: _____

HAS MY PERMISSION TO GO WITH _____
(organization or group)
TO _____ ON _____

APPROXIMATE TIME OF RETURN: _____

IF THE TRIP MAKES IT IMPRACTICAL FOR MY CHILD TO RIDE THE REGULARLY SCHEDULED BUSES TO AND FROM HOME, I WILL PROVIDE THE NECESSARY TRANSPORTION. ALL TRIPS START AND END AT THE SCHOOL BUILDING. Please note the above teacher comments before granting permission.

Be advised that Lower Cape May Regional High School reserves the right to have administrators and/or their designees inspect handbags and other hand held luggage prior to departure and return on every field trip. These inspections are for the safety and security of students as well as other legitimate interests of the school district.

PARENT'S SIGNATURE OF APPROVAL

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