Dear Parents/Guardians,

We are excited to announce that [GRADE/CLASS NAME] students will be going on a field trip to [DESTINATION] on [DAY, MONTH DATE, YEAR].

**Trip Overview:**

**Where:** [LOCATION NAME AND ADDRESS]

**When:** [DATE]
Depart: [TIME]
Return: [TIME]

**Purpose:** [BRIEF DESCRIPTION OF EDUCATIONAL VALUE/CONNECTION TO CURRICULUM]

**Activities:** Students will [LIST 2-3 MAIN ACTIVITIES]

**Cost:** $[AMOUNT] per student

**Payment Due:** [DEADLINE DATE]

**What's Included:** [Transportation, admission, guided tour, etc.]

**What to Bring:**
• [Sack lunch or specify if lunch is provided]
• Water bottle
• Comfortable walking shoes
• Weather-appropriate clothing
• [Any specific items needed]

**Next Steps:**

1. Review and sign the attached permission slip
2. Return permission slip and payment by [DEADLINE]
3. Watch for additional details in [TIMEFRAME]

**Chaperones Needed:** We need [NUMBER] parent chaperones. If interested, please indicate on the permission slip.

Space is limited and available on a first-come, first-served basis. Students must have a signed permission slip and payment submitted by the deadline to participate.

For questions, please contact [TEACHER/COORDINATOR NAME] at [EMAIL] or [PHONE NUMBER].

Sincerely,

[NAME]
[TITLE]



**FIELD TRIP PERMISSION SLIP (Or Fill Out Online at [Enter URL])**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Class: \_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Field Trip to:** [DESTINATION] on [DATE]

□ **YES**, my child has permission to attend this field trip.

□ **NO**, my child will not attend this field trip.

**Parent/Guardian Contact Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (if parent unavailable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information:**

Allergies:

Medications:

Medical Conditions:

**Payment:** (Check one)
□ Payment of $[AMOUNT] enclosed (cash/check #\_\_\_\_\_\_\_\_)
□ Payment submitted online on [DATE]
□ Financial assistance requested (please contact [NAME])

**Chaperone Volunteer:**
□ I am interested in chaperoning (subject to availability and background check)
□ I am unable to chaperone

I understand that my child is expected to follow all school rules during this trip. I release [SCHOOL NAME] and its employees from liability for any injury that may occur during this field trip, except in cases of negligence.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

