

**New Rockford-Sheyenne School District
Field Trip Permission Form**

Nature of the Trip _____

Staff Members Supervising Trip _____

Date of Trip _____

Destination _____

Departure Time _____

Return Time _____

(Student Name)

_____ May Attend the Field Trip

_____ May Not Attend the Field Trip

Comments/notes _____

Signed _____
(Parent/Guardian)

Date _____

Parent/Guardian's phone number (home) _____

Parent/Guardian's phone number (cell phone) _____

Please return the field trip permission form to _____

Prior to: _____