PARENTAL PERMISSION FOR FIELD TRIP ONEIDA BOARD OF EDUCATION

| AI CO. 1 | has my permission to make |
|--------------------------------------|---|
| (Name of Studen | t) |
| an off-campus field trip with | (Group) to |
| | (Group) |
| | |
| (Destin | ation) |
| Students will denart | |
| Students will depuit | (Name of School) |
| at on | and will return at |
| (Time) On (Date) | and will return at(Time) |
| | . 45 |
| (Date) | ; they will travel by(Vehicle) |
| accompanied by(Number) | chaperones; and the personal expense of each |
| student is(Amount) | |
| I further give my permission needed. | n for proper medical attention to be received, if |
| | |
| | Signature of Parent / Guardian |
| | Date |