

SEDRO-WOOLLEY HIGH SCHOOL

Field Trip Parent Permission Form

Date _____

Dear Parent or Guardian:

_____ is currently enrolled/participating in
(Student's Name)

_____. On _____
(Class/Organization) Date

we will be going to _____
(Place)

We will depart at _____ and return at _____
(Time) (Time)

Transportation will be provided by _____
(Name of Driver)

Your permission is required for your son/daughter to participate in this activity. Please sign in the space provided below.

If you have any questions, please call 855-3510 and ask for me and I will return your call.

Thank you.

(Teacher or Advisor)

(Teacher's Signature)

(Date)

(Parent/Guardian's Signature)

(Date)

(Student's Signature)

(Date)