East Central Special Education

16 South 8th St

New Rockford, ND 58356

Field Trip Permission Form

My child has my permission to attend all teacher supervised field trips and activities throughout the year provided that I (or legal guardian) am informed of all such activities ahead of time.



Student Name



Parent/Guardian Name

 

Address City, State, Zip

Telephone: Home  Work 

It is my understanding that for field trips beyond reasonable walking distance of the school, private vehicles may have to be utilized to transport the students.

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Parent/Guardian Signature Date