

# Lester C. Noecker School Field Trip Permission Slip



Dear Parent/Guardian:

Our class has scheduled a field trip and would like permission for your child to attend. Please read the information with details of the trip and sign and return to your child's **homeroom teacher** by date requested below.

Date of Trip	Thursday, June 14, 2018
Destination	West Essex Regional School District
Purpose	Move Up Day
Fee	No fee
Transportation	Bus
Time leaving school	11:45 a.m.
Time returning to school	3:00 p.m.
Send in bag lunch with your child	No
<i>This permission slip should be returned no later than...</i>	Wednesday, June 13, 2018

Special Instructions:

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Name of Student: \_\_\_\_\_ Homeroom: \_\_\_\_\_  
(please print clearly)

I give my child permission to receive emergency medical treatment if necessary. A nurse will not always be attending with the students and teachers.

Allergies/Medical Concerns:

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In the event of an emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(please print clearly)

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