

Japhet School
839 S. Crooks
Clawson, MI 48017
248 585-9150

Field Trip Permission Slip

Child's Name _____

Field Trip _____

Purpose of Field Trip _____

Date of Field Trip _____ Time Departing & Returning _____

Cost Per Child _____ Permission Slip Due By _____

Cost Includes _____

Student should bring / wear _____

(please fill out & return bottom portion with money to your child's teacher)



My child, _____, has my permission to accompany

Child's Name

Japhet School on a field trip to _____

Field Trip Destination

on _____ from _____ to approximately _____.

Date

Time Leaving Japhet

Time Returning

Transportation will be by private car. PLEASE CHOOSE ONE:

1. I am willing to drive my own and other children. I can fit _____ TOTAL in the back seats.
(An Upper Class student may ride in the front seat.)
2. My child needs to ride with another adult.
3. PRESCHOOL/KDG ONLY: I prefer to drive only my child. I will come to Japhet first (or) meet you there.

Check or cash is attached, if applicable: \$ _____

Parent's Signature _____ Date _____