

UNIVERSAL SCHOOL
7350 W. 93RD STREET
BRIDGEVIEW, IL 60455
(708)599-4100 FAX (708)599-1588

FIELD TRIP PERMISSION SLIP

Date: _____

Dear Parents of _____

Our class, grade _____ **is planning a field trip**

To _____ **On** _____

Transportation will be on chartered bus.

Others (indicate) _____

We will depart at _____ **and return at** _____.

Students will need to have \$ _____ **to cover the cost of the bus and**

_____.

Lunch will be handled by _____.

Please sign and detach this portion to indicate your permission for your child to attend the field trip. All field trips are conducted under the supervision of the Universal School Faculty and Staff. The type of transportation being provided is stated above I understand the nature and purpose of this off campus activity and agree to hold Universal School, faculty, staff and families who participate harmless from any complaint of liability.

I, _____ **give permission to my Son/Daughter**
_____ **in grade** _____ **to attend the class**
field trip on _____ **to** _____.

Payment is enclosed with this permission slip in the amount \$ _____.

Parent/Guardian _____ **Date** _____