



Field Trip Permission

Campus: _____ Date: _____

Dear Parents:

The Head Start class will be going on a field trip to _____

This will take place on _____.

We will be leaving at _____ a.m. and returning at _____ p.m.

Please provide the child's name, check yes or no if your child can attend, and sign below.

- Yes, my child can attend.
- No, my child cannot attend.

Child's Name: _____

Parent Signature: _____