

CHARLES H. LEE SCHOOL

"Home of the Lee Lions"

CLASS FIELD TRIP ANNOUNCEMENT ROOM _____

WHERE _____

WHEN _____ day/date TIME _____

To attend the field trip **ALL** students will need a signed parent permission slip returned to the teacher. By signing your name below this gives school staff authorization to obtain medical assistance for your child in case of emergency.

Your child will need to bring:

_____ Sack lunch _____ Lunch money _____ Admission fee

Other _____

Teacher signature

----- Please complete and return to teacher -----

_____ Yes my child, _____ has permission to attend the field trip
with Room _____ to _____ on _____

I authorize the school staff to obtain medical assistance for my child in case of an emergency while attending the field trip.

Parent signature

_____ No, my child, _____, may NOT attend the field trip with
Room _____.

Parent signature

“Home of the Lee-Lions”

SALON _____

DONDE

Firma de padre