



Arbor Learning Center Field Trip Permission Form

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Mount Dora, FL 32757
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Your child's class will be taking a field trip to:

Approximate No. of Chaperones: _____

Location: _____

Mode of Transportation _____

When Day Date

Time Leave school Return by

Cost \$ _____ *Exact cash or check payable to school*

Additional Information _____

(Additional information may include phone number where parents can reach their child in case of an emergency at home, overnight accommodations, anticipated arrival time at the event site, etc.)

Important: Please keep the top portion of this field trip permission form for your records.

✂ CUT HERE ----- ✂ CUT HERE ----- ✂ CUT HERE ----- ✂ CUT HERE ----- ✂ CUT HERE

Please return this portion of the field trip permission form to Mr./Mrs./Ms. _____

Please return permission slip to your child's teacher by _____

I give my child, _____ in Room _____

permission to attend the field trip to _____

on _____ from _____ to _____.

I enclose \$ _____ (*Exact cash or check payable to school*) to cover the cost of the trip.

I give permission for my child to receive emergency medical treatment. In case of emergency, please contact

	<i>Name</i>	<i>Phone Number</i>
1.		
2.		
3.		

My child has special dietary or medical needs such as: _____

My child and I are familiar with the Pittsylvania County School Board Code of Conduct and are in agreement that he/she will abide by all rules and regulations while attending this school function.

Parent's/Guardian's Signature _____ Date _____

Parents are welcome and encouraged to participate in field trip activities.

☐ Parent chaperones may or may not be necessary for this trip. Please indicate your willingness to assist.

If your assistance is needed, the school will contact you.

☐ Yes, I am available to serve as a chaperone. I can be reached at _____