



WEST WINDSOR-PLAINSBORO REGIONAL SCHOOL DISTRICT

West Windsor-Plainsboro High School North
90 Grovers Mill Road, P.O. Box 50
Plainsboro, New Jersey 08536-0050
Phone: (609) 716-5100
Fax: (609) 716-5142

FIELD TRIP PERMISSION SLIP

TO BE COMPLETED BY PARENT/GUARDIAN OF STUDENT

Date: 11/18/22

The AMERICAN STUDIES LAST is planning a field trip to
(Name of Club, Class or Activity)

THEATER NORTH HS on MONDAY 11/18

Time of departure from WWPHS North: ~~12:40-2:50~~ 12:40-2:50

Time of return to WWPHS North: _____

Type of transportation: _____

Approximate cost to student: _____

Lunch arrangements: _____

Other information: ITS A LARGE GROUP LESSON
ON THE CONSTITUTION

Students will not be permitted to go on a field trip without a signed permission slip.

PARENT/GUARDIAN:

Please return completed permission slip to the teacher if you desire your student to accompany the group.

I hereby give _____ permission to attend the above field trip.
(Student's First and Last Name)

In case of emergency, the following people should be contacted:

Father/Guardian: X Home Phone: _____ Work Phone: _____

Mother/Guardian: X Home Phone: _____ Work Phone: _____

Student resides with: _____ (Mother, Father, Both parents, Guardian, Other)

(Parent/Guardian Signature)