



Field Trip Permission Form

Ringwood Christian School

Student's Name: _____

Activity: _____

Date of trip: _____ Teacher In Charge: _____

Special Safety Issues: _____

Special Items Needed: _____

Departure Time: _____ Approximate Return Time: _____

Cost: _____ Means of Travel: School Bus Parent Driver Other (_____)

Food/Lunch: _____ Bring bag lunch with all items disposable
_____ We will purchase lunch at _____

Other Information: _____

PARENT PERMISSION FOR PARTICIPATION

NAME: _____

GRADE: _____

TRIP: _____

TRIP DATE: _____

I have carefully read all of the above information and understand its terms. CHECK ALL THAT APPLY

_____ I give permission for my son/daughter to participate and agree to the terms for this off-campus activity.

_____ At the beginning of the school year, you filled out the Annual Field Trip Release –
Emergency Medical Form which had your emergency contact names, phone numbers, doctor's name,
insurance information, etc. **Is this card up to date?** _____ If not, please provide the new information.

_____ I do not wish my child to participate.

_____ or
Father/Guardian's Signature and Date

_____ **Mother/Guardian's Signature and Date**

PARENT HELPERS ARE NEEDED. Your help would be appreciated.

Would you be able to serve as a volunteer driver?	YES	NO
Not counting the front seat, how many seat belted students can you transport?	_____	
Have you filled out a Volunteer Driver Application Form for THIS YEAR?	YES	NO
Would you be able to serve as a chaperone?	YES	NO

PLEASE RETURN THIS FORM ALONG WITH THE APPROPRIATE MONEY