School District of the City of Royal Oak PERMISSION SLIP FOR FIELD TRIP

Dear Parent/Guardian:

(time)	on (date) and returning at	approximately(time) on(date
urriculum Objecti	ve/Purpose:	
Chartered Walking ood arrangements None Bring lunc	rs driven by adult volunteer drivers* bus :	Costs: Admission \$ Rooming \$ Transportation \$ Miscellaneous \$ Other \$ TOTAL: \$
	n is by private car, the number of passeng ll be required to wear seat belts. ————————————————————————————————————	gers will be limited to the number or operable seat belt (Teacher in Charge)
I give my	permission for	(Date of Reply) to attend the field trip to traveling by
I do not gi	ve my permission.	