



Maria Montessori Charter Academy *Field Trip Permission Slip*

Dear Parents/Guardians,

On _____ the _____ class will be going to _____
located at _____.

Please fill out the lower portion and return with the fee (**cash only**) of \$ _____ per child to your child's classroom **no later than** _____. *Keep this upper portion for your information.*

We will leave school at _____ and return by _____.

Please refer to the Parent Information section of our Web site for the rules and procedures of a field trip.

Thank you,

Teacher(s)

------(cut here and save upper portion for your information)-----

I will / will not* accompany my child, _____ (full name) on the MMCA field trip to _____ on _____.

PrePaid

I have included \$ _____ (Cash)

I can drive my child and _____ (#) others. *I have read and signed the Agreement to Transport Students and I have reviewed the policy on the back of this page.*

* _____ I give permission for my child to be transported in another parent's vehicle. I release and waive Twin Ridges Elementary School District and MMCA from any liability and responsibility incurred by an accident. At the time of the field trip I can be reached at _____.
(home, work, cell, or other phone number.)

Parent / Guardian Signature

Date