

**DELAWARE VALLEY SCHOOL DISTRICT
FIELD TRIP PERMISSION SLIP**

Teacher	Room Number:	
Grade	Date of Field Trip	
Destination		
Time of Departure	Time of Return	
Means of Transportation		
	I give permission for my child to participate in the field trip described above	Child's Name:
	I prefer that my child not participate in the field trip described above	Child's Name:
Parent or Guardian Signature:		Date:

This permission slip should be returned to school by _____. If not returned by then, your child will not be permitted to participate in the field trip.

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