

ESCANABA AREA PUBLIC SCHOOLS

There's no better place to learn!

PARENT CONSENT FOR FIELD TRIP

I, _____, permit my child,
Name of Parent

_____, to participate in the field trip to
Name of Student

Field Trip Destination

on _____ . This field trip will be
Date / Time

supervised by _____.
Teacher

Transportation will be provided by: School Bus Private Vehicle
 DATA Bus Other _____

I understand that this field trip is part of the District's educational program and provides a learning experience of educational value to my child.

Parent Signature

Date