



DANSVILLE SCHOOLS  
1264 Adams Street Dansville, MI 48819  
Phone (517) 623-6120 Fax (517) 623-0127

**FIELD TRIP PERMISSION SLIP**

STUDENT NAME: \_\_\_\_\_

FIELD TRIP DATE(S): \_\_\_\_\_

TRIP DESTINATION: \_\_\_\_\_

- My child has permission to ride the provided school bus.
- My child has permission to ride with another student driver, if car-pooling, to the destination. Which with student are they riding? \_\_\_\_\_
- My child has permission to drive, if car-pooling, to the destination. Please choose one:  
\_\_\_\_ Other students may ride with my child.  
\_\_\_\_ My child is not allowed to transport other students.

I give permission for my child to participate in this planned field trip. My signature indicates approval for my child to be released from regularly scheduled classes.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_



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