

FIELD TRIP PERMISSION SLIP

FIELD TRIP DETAILS

PLACE _____

DATE OF EVENT _____

TIME _____

PRICE _____

PLEASE RETURN THIS PERMISSION SLIP AND MONEY TO SCHOOL NO LATER THAN THE ABOVE DATE

NOTES AND SPECIAL INSTRUCTIONS

☐ **YES**, my child will be attending this field trip.

I (Parent/Guardian) _____, give my permission

PARENT/GUARDIAN NAME

for

to go on this field trip.

STUDENT NAME

EMERGENCY CONTACTS *(you must list two emergency numbers)*

EMERGENCY CONTACT #1 _____

PHONE _____

EMERGENCY CONTACT #1 _____

PHONE _____

No student will be allowed to go on the field trip without a signed permission slip which includes emergency contact information. All Cathedral High School's rules and policies apply while on the field trip.

PARENT/GUARDIAN SIGNATURE _____

DATE _____



CATHEDRAL
7-12 HIGH SCHOOL • BOSTON

PLEASE RETURN THIS COMPLETED PERMISSION SLIP TO:

MAIL: Cathedral 7-12 High School, *Main Office*, 74 Union Park St., Boston MA 02118

FAX: (617) 542-1745