Dear Parents:

Subject: Community Service

Your son / daughter will go to: _____________________________________________
_____________________________________________________________________________

Students will leave school on: ___________________________________, _________________
Date                                                              Time

And will be back at: ______________________.
Time

Please specify below if you agree that your son / daughter accompany us in this out of school activity.

This activity will be supervised by one or more teachers.

Please cut off and return
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Fieldtrip to: __________________________________

Student Name: _____________________________________________________

Yes ________________ I give my permission to go.

No ________________ I do not give my permission.

Parent Signature: ____________________________________