



SECONDARY SCHOOL OFFICE  
AMERICAN NICARAGUAN SCHOOL

Date: \_\_\_\_\_

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: \_\_\_\_\_