

PASSAIC VALLEY REGIONAL HIGH SCHOOL

100 EAST MAIN STREET, LITTLE FALLS, NEW JERSEY 07424

Dr. Bracken Healy
Superintendent



Ms. Krista Voorhis
Principal

Dear Parent or Guardian,

Your child has been invited to participate in a field trip. Please read the information at the top of this form, then sign and return the permission slip at the bottom of this form by _____.

FIELD TRIP INFORMATION:

Field Trip Date: _____

Location: _____

Purpose: _____

Cost: _____ Check or money order payable to: Passaic Valley Regional High School

Means of Transportation: _____

Leave school (time): _____ Arrive back at school (time): _____

Special Instructions: _____

↑SAVE THIS PART OF THE FORM FOR FUTURE REFERENCE↑

✂ Cut here-----

COMPLETE AND SIGN BELOW; RETURN IT TO YOUR CHILD'S TEACHER

_____ has permission to attend a field trip to

_____ on ____/____/20____.

Enclosed, please find a check/money order in the amount of _____ to cover the cost of the trip.

I give my permission for _____ to receive emergency medical treatment if necessary.

In an emergency, please contact:

Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____