Ann Arbor Public Schools Parent Notification and Consent Form For Field and /or Athletic Trips

Dear Parent:		
Please complete this form and return to	o me.	
I hereby give permission for my child*	* Student's full name	Grade
to go to	amp Ohiyesa	
on the field or athletic (circle one) trip Year-end 6th grade class trip	described below. p. Students will be participating	g in a variety of
activities to promote team b	ouilding. Cost to attend the trip	is \$67, with checks
made out to Tappan PTSO.		
I understand that my child will leave o	Monday, October 29, 2018	_, Arrive at Tappan by 8:00 am
And is expected to return onMo	Date	Time 7:15 pm
In granting this permission, I assume full response	Date onsibility for any damage to person or property l or dental treatment I will be responsible for an	
	my child should make it necessary to send him those expenses. I understand that no child will be	
whenever they leave the activity site. Your child will need the following:	tudent or groups of students not only during the of lunch and dinner are included. udents need to dress appropriately the transfer to the tra	
Principal or authorized staff	School	
Signature of parent or guardian	Date of Signature	
Address	Home Phone number	
City	Work Phone number	S **
**This includes children under guardianship, ward	Cell Phone number	

(158-041) 05/2010

Ann Arbor Public Schools Parent Notification and Consent Form For Field and /or Athletic Trips

Dear Parent:		*
Please complete this form and return to me.		
I hereby give permission for my child*	The state of the s	
	Student's full name	Grade
to go to Camp Ohiye	esa	
on the field or athletic (circle one) trip described bel	low.	
Year-end 6th grade class trip. Students	will be participatin	g in a variety of
activities to promote team building. C	ost to attend the trip	o is \$67, with checks
made out to Tappan PTSO.		
I understand that my child will leave onTuesday,	October 30, 2018	, Arrive at Tappan by 8:00 am
And is expected to return on Tuesday, October	er 30, 2018	Time 7:15 pm
Date		Time
In granting this permission, I assume full responsibility for any if it is determined that my child needs medical or dental treatm necessary by a physician or dentist.		
I further agree that if the behavior or health of my child should return time and date, I will be responsible for those expenses. an adult.		
There will be chaperones accompanying the student or groups whenever they leave the activity site. Hot lunch and	of students not only during the	e scheduled activity but
	d to dress appropriate	ly for
Utdoors/woo	oded area activities. □	
2021		
Principal or authorized staff	School	
Signature of parent or guardian	Date of Signature	
Address	Home Phone numbe	r
City	Work Phone number	r
+ 2012 to the last title and a second to the second	Cell Phone number	

^{**}This includes children under guardianship, ward, etc. (158-041) 05/2010