

FIELD TRIP PERMISSION SLIP

PLEASE ALLOW (NAME) _____ TO GO WITH THE
_____ GRADE PUPILS OF ST. AGNES SCHOOL ON A FIELD TRIP TO _____
_____ ON _____, 20_____.

THE TRIP'S OBJECTIVE(S) IS/ARE: _____

THE COMPLETE COST OF THE TRIP, INCLUDING _____ WILL BE
_____. PLEASE MAKE PAYMENT BY CHECK TO ST. AGNES SCHOOL.

WE WILL LEAVE SCHOOL AT _____ AND THE APPROXIMATE TIME OF
RETURN WILL BE _____.

I HEREBY RELEASE ST. AGNES SCHOOL, THE SUPERINTENDENT OF SCHOOLS OF THE ARCHDIOCESES OF
KANSAS CITY IN KANSAS, AND ALL OF ITS OFFICIAL REPRESENTATIVES FROM ANY AND ALL LIABILITY
IN CASE OF ACCIDENT OR INJURY INVOLVING THE ABOVE NAMED STUDENT WHICH IS RELATED TO THE
SCHOOL TRIP.

PARENT'S SIGNATURE _____

PUPIL AGREEMENT

WHILE PARTICIPATING IN THIS FIELD TRIP EXPERIENCE, I WILL ACCEPT THE RESPONSIBILITY FOR
MAINTAINING GOOD CONDUCT, APPEARANCE, AND I WILL FOLLOW DIRECTIONS AT ALL TIMES.

STUDENT'S SIGNATURE _____