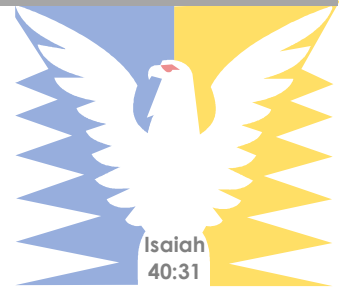

SPRINGDALE **A**DVENTIST **S**CHOOL
4001 West Don Tyson Parkway
Springdale, AR 72762
479-750-4156



50-MILE RADIUS PERMISSION SLIP

I, _____, allow my child(ren) to join the
Springdale Adventist School field trips for the school year 2018-2019
within the 50-mile radius.

Date:

Family Name:

Chil(ren) Names:
