



ADVENT RIDGE ACADEMY

PERMISSION SLIP

1523 Old Ranch Road 12
San Marcos, TX 78666
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ara@adventridge.org

FIELD TRIP INFORMATION

Trip: _____ Date of Field Trip: _____

Location: _____

Transportation: _____ Departure Time: _____ Returning Time: _____

Cost: _____ Lunch: (circle one) included or sack lunch

Sponsor(s) Attending: _____

PARENT/GUARDIAN PERMISSION

_____ has my permission to go on the above-mentioned school trip on
(Student Name – PRINT CLEARLY)

_____. He/She is in good physical condition at present and has no serious illnesses or surgeries
(Date)

since the last health examination. I shall make sure that he/she does not attend if he/she is not feeling well. I understand the cost will be \$_____.
(Cost)

In the event of an emergency, I may be reached at _____.
(Phone Number)

If I cannot be reached, please notify _____.
(Name & Phone Number)

(Parent/Guardian Signature)

STUDENT AGREEMENT

I understand and will adhere to all the rules and guidelines of the school during this field trip.

(Student Signature)

Consent to Treat Form must be on file with Advent Ridge Academy.