

Field Trip Permission Slip (Keep for your information)

I, the undersigned parent or guardian of _____, a minor, do hereby
(Student)
give my permission and consent for him/her to participate in the following school sponsored activity:

Location: _____ Date: _____

Description: _____

Teacher in charge is: _____

Approved Chaperones/drivers will be: _____

Please return signed permission slip by: _____

Date Signed _____
(Parent/Guardian Signature)

Grand Rapids Adventist Academy

1151 Oakleigh Road NW
Grand Rapids, MI 49504

Phone (616) 791-9797

Fax: (616) 791-7242

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