

BUCKLIN R-II SCHOOL DISTRICT

FIELD TRIP PERMISSION FORM

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|------------------------|--|
| DESTINATION | |
| DESTINATION ADDRESS | |
| ACTIVITY | |
| DATE | |
| DEPARTURE TIME | |
| RETURN TIME | |
| MODE OF TRANSPORTATION | |
| SPECIAL ARRANGEMENTS | |

_____ My child has permission to attend the field trip

_____ My child does NOT have permission to attend the field trip

Child's Name: _____

Teacher: _____

Parent/Guardian Signature: _____

Date: _____

Please complete this form and return back to the school by 12/13/2024.