BUCKLIN R-II SCHOOL DISTRICT

FIELD TRIP PERMISSION FORM

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 Friday 11/13/2026.