

FAYETTE COUNTY SCHOOL CORPORATION
Connersville, Indiana

Student School Trip Parent / Guardian Permission Form

Student's Name _____

School: _____ Teacher in Charge _____

To the Principal/Director:

As a parent or guardian of the above named student, I hereby certify that I have given permission for said student to go on a school trip to _____ on _____ . The student will be leaving the school around _____ and will return around _____ . I understand that transportation will be provided by the Fayette County School Corporation and that all school and bus rules apply.

Date

Signature of Parent/Guardian