

LOST RIVER CAREER COOPERATIVE

600 ELM STREET SUITE 1

PAOLI, INDIAN 47454

PHONE (812)723-4818 FAX (812)723-4822

PARENT PERMISSION FOR FIELD TRIP

THE _____ CLASS AT LOST RIVER CAREER
COOPERATIVE IS PLANNING A SCHOOL FUNCTION BEYOND OUR NORMAL ACTIVITIES.

FUNCTION: _____

DATE: _____ TIME: _____

TO BE COMPLETED BY PARENT:

STUDENT NAME: _____

PLEASE PRINT

I HEREBY GRANT PERMISSION FOR _____ TO PARTICIPATE IN
A SCHOOL FUNCTION BEYOND OUR NORMAL CLASSROOM ACTIVITIES ON

_____.

DATE

PARENT SIGNATURE

DATE