

Field Trip Form
A Child Becomes...Preschool
4320 SW Hill Street, Seattle, WA 98116
206-932-4642

Where: _____ Date: _____

Cost: Student \$ _____ Adult: \$ _____

Siblings: May attend _____ May not attend _____

Turn in form by: _____

Departure Time: _____ Departure Location: _____

Arrival Time: _____ Arrival Location: _____

Please cut form here & return BOTTOM half with payment

Where: _____ Date: _____

Student's Name: _____

Total number attending: Children _____ Adults _____

Payment: Amount enclosed AND form (e.g. check or cash): \$ _____ / _____

Can/will you drive? _____

If yes, how many seatbelts available *including* your child _____

If no, you **MUST** submit a phone number where you can be reached _____

My child, _____, has my permission to attend the field trip on the dates/times listed above. I have filled out the forms with emergency numbers listed. I understand that my child's "school" vehicle carries auto insurance and that if I drive, I also **MUST** carry auto insurance.

Please sign: _____ Date: _____