Holy Spirit
Catholic School

Field Trip Permission Form

Student Name:

_____
(First)   (Middle)   (Last)   (Suffix)

Student Name:

_____
(First)   (Middle)   (Last)   (Suffix)

Student Name:

_____
(First)   (Middle)   (Last)   (Suffix)

Student Name:

_____
(First)   (Middle)   (Last)   (Suffix)

I give permission for my student to participate in all school sponsored activities and field trips. I understand that I will be notified by the teacher or school administration prior to all off- campus activities that require motorized transportation. Additionally, I understand that it is my responsibility to ensure that emergency contact information is current at all times and on file with the school office.

_____   _____
Parent/Guardian Signature   **Date**