

The Will Make Enrichment Inc.



3435 SW 20th Street suite 1202 Ocala FL, 34474 * Phone# 954-773-4811 * Email: wmiep2026@gmail.com

2025–2026 School Year – Field Trip Permission Slip

Dear Parent/Guardian,

The *Will Make It Enrichment Program* is excited to provide a variety of enriching educational, cultural, and recreational experiences for our students during the 2025–2026 school year. These experiences may include, but are not limited to, visits to museums, college campuses, libraries, businesses, nature centers, and other relevant venues that support our mission of student development and success.

In order to streamline the permission process and avoid requiring a separate form for each trip, we ask that you complete and return this **All-Inclusive Field Trip Permission Slip**. This permission slip will apply to **all off-campus trips and activities** organized by the Will Make It Enrichment Program during the 2025–2026 school year.

Student Information

Student Name: _____

Date of Birth: _____

School Name: _____

Parent/Guardian Information

Parent/Guardian Name(s): _____

Phone Number(s): _____

Email Address: _____

Medical & Emergency Information

Emergency Contact Name (if different from above): _____

Emergency Contact Phone: _____

Does the student have any allergies, medical conditions, or special needs?

☐ No ☐ Yes – Please explain:

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Parent/Guardian Consent

I hereby give permission for my child to attend and participate in all off-campus trips, excursions, and enrichment activities organized by the *Will Make It Enrichment Program* during the 2025–2026 school year. I understand that I will be informed in advance of each trip's details (including date, destination, transportation arrangements, and any associated costs). I agree to promptly notify the program if I choose to opt my child out of a specific trip.

I understand that transportation may be provided via school bus, chartered bus, walking, or other appropriate methods. I release the Will Make It Enrichment Program and its staff, volunteers, and affiliates from any liability in the case of accident or injury during these trips, except in cases of gross negligence.

Signatures

Parent/Guardian Signature: _____ **Date:** _____
Student Signature: _____ **Date:** _____

If you have any questions or would like to discuss a specific trip, please contact our program staff. Thank you for your continued support in helping your child grow and thrive through enriched learning experiences.

Warm regards,

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Program Director

The Will Make It Enrichment Program

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