



**NEW HEIGHTS  
ACADEMY**

Field Trip Location:

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Is this a walking fieldtrip? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Child's Name:

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Cost of Field Trip:

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My child will be transported by: \_\_\_\_\_ Parent \_\_\_\_\_ School

My child can participate in the fieldtrip: \_\_\_\_\_ Yes \_\_\_\_\_ No

\*\*\*If you are not transporting your child the release below must be filled out and signed for your child to participate\*\*\*

I, \_\_\_\_\_, hereby grant my permission for my child to attend the field trip listed above and allow my child to be transported by New Heights Academy. I understand and agree that I have been given the option to accompany my child but am choosing to allow my child to be transported by New Heights Academy. I certify that I am choosing this option and that I will not hold any individual or the school liable for any harm that may arise from transportation or participation in this field trip.

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Parent Signature

Date

