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FIELD TRIP PERMISSION SLIP

Date: _____

I, the parent/guardian of _____
Student name

do hereby give my permission for him/her to attend all school/class activities with AVALON ISD. Parent/guardian will be notified in advance of activities and in writing may withdraw permission for a specific activity.

Field trips are an extension of the classroom-learning environment. All students are expected to participate unless the parent/guardian contacts the principal for the reason their child is not allowed to attend.

My signature below also authorizes the school or its representative to seek medical attention if it becomes necessary. I understand I am responsible for the payment of such services and also authorize the medical treatment if necessary. I will not hold the school or sponsor responsible in the event of an accident

Parent/Guardian Signature: _____

Date: To Be Announced Cost: To Be Announced

Method of Travel: School Transportation