

RUNGE INDEPENDENT SCHOOL DISTRICT

Field Trip Permission Form

PARTICIPANT NAME: _____ GRADE: _____

I give permission for my child (named above) to attend the field trip (name below) with Runge ISD. Please be advised that students may be responsible for bringing their own lunch/lunch money.

FIELD TRIP INFORMATION:

DESTINATION: _____
DATE OF TRIP: _____
DRESS: _____
COST: \$ _____
DEPARTURE TIME: _____
RETURN TIME: _____
FORM DUE DATE: _____

Signature of Parent or Legal Guardian

Printed Name of Parent or Guardian

Date

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)

Name

Street Address

City, State, Zip

Phone Numbers	Home, cell, etc.