



Grace Lutheran School

2725 N. Laramie Avenue, Chicago, IL 60639-1698

glschicago.org

School (773) 637-2250 Fax (773) 637-1188

FIELD TRIP FORM

The children in grades _____ of Grace Lutheran School will be participating in a field trip on _____
Day Date

Destination:

Purpose of the Trip:

Transportation:

Departure time from Grace:

Return time to Grace:

Lunch needs:

Money: \$

Other:

Cameras permitted: Yes No

Field Trip Rules

- Students must wear **uniforms** unless specified above.
- Students may be permitted to bring cameras or **cell phones on airplane mode**.
- Any **misuse** of phone or camera will result in the device being confiscated by the teacher. The device will only be returned to the parent. Other consequences may also occur.

TO BE COMPLETED BY PARENT – TO BE COMPLETED BY PARENT – TO BE COMPLETED BY PARENT

Child's Name: _____

- May go** on the field trip as stated above.
- May **not** go on the field trip and I will keep my child home during the trip. Any work missed will be completed.

Parent's printed name: _____ Parent's signature: _____

- I would be interested in being a chaperone if needed.

This form must be completed by the parent and returned to school the day before the trip.

Each child needs an individual form filled out.

ONLY THIS FORM IS ACCEPTABLE PERMISSION FOR FIELD TRIP