



DREAM DINE' CHARTER SCHOOL

P.O. Box 4386; Shiprock, NM 87420

505-368-2500 –Phone/505-747-8360 Fax

Field Trip Permission Form

Date		Time	
Location			
Cost			
Transportation			
Notes			

Please return this permission slip by: _____

I give permission for my child _____ in room _____
to attend the field trip to _____ on _____
from _____ to _____

Enclosed is \$ _____ to cover the cost of the trip. (Exact cash or check made payable to school.)

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name _____ Phone _____

Parent/Guardian Signature _____ Date _____