

Commack Public Schools
School Trip Permission Form K-8

Date _____

Dear Parent/Guardian,

An educational school trip is being planned and your child is invited to participate. Please note the important information outlined below.

Teacher _____

Trip to _____

Educational purpose/details _____

Date of trip _____ Departing (time) _____ Returning (time) _____

Transportation _____ Meals _____

Cost _____ ***Payments must be in the form of a check made out to "Commack School District". The district will impose a \$10 fee for any check that is returned. Please be advised that if the Superintendent of Schools deems it necessary to cancel a school trip due to unforeseen circumstances, every effort will be made to refund payment but there is no guarantee of full or partial refund.***

Complete and return entire form with payment to your child's teacher by _____

Student's Name (print) _____

First

Last

I grant consent for my child to participate in the school trip to _____

on _____.

Parent/ Guardian Name (print)

Phone number where you can be reached during trip.

Parent/Guardian Signature

Date

NOTE: Any student who does not accompany his/her class on this field trip will have a full day's educational program in school.