

# TRINITY CHRISTIAN SCHOOL

## FIELD TRIP PERMISSION SLIP

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
*(last)* *(first)*

Please sign below giving permission for your child to attend all of the scheduled field trips during the 2015-2016 school year. You will be notified prior to the scheduled field trips.

Date: \_\_\_\_\_ Signed (Parent) \_\_\_\_\_  
or (Legal Guardian) \_\_\_\_\_

## FIELD TRIP DRIVERS

\_\_\_\_\_ **YES**, I would like to drive occasionally on field trips. Here is the required information completely filled out so that I may drive. **(If this information is not complete, you will be put on a non-driver list for the 2015-2016 year.)**

California Driver's License# \_\_\_\_\_ Father: \_\_\_\_\_  
\_\_\_\_\_  
Mother: \_\_\_\_\_  
Guardian: \_\_\_\_\_

Auto Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

**You are required to show proof of insurance and give a copy of driver's license to the office.**

