**BRENT LOGO TRANSPARENT.tif**

DATE

Dear Parents / Guardians,

On (DATE), the (GRADE/CLASS) will visit (VENUE) to learn about (PURPOSE OF ACTIVITY).

Students will leave school at (TIME OF DEPARTURE) and return at (TIME OF ARRIVAL AT BRENT). (NAMES OF FACULTY AND STAFF WHO WILL JOIN THE ACTIVITY), will chaperone this field trip.

The total cost of this field trip is (COST). Please pay this amount to (NAME OF TEACHER TO GIVE PAYMENT TO) by (DUE DATE OF PAYMENT).

On the day of the field trip, students are required to wear (OUTLINE CLOTHING EXPECTATIONS) and bring (LIST ANY ITEMS STUDENTS NEED TO BRING). Students may also bring (LIST ANY ADDITIONAL ITEMS eg. SPENDING MONEY) on the field trip.

The schedule of activities for this field trip is attached. (ATTACH SCHEDULE FOR PARENTS TO SEE)

Please complete the permission slip below and return to (NAME OF TEACHER) by (DUE DATE OF FORM).

Thank you for your support of this wonderful learning opportunity.

Sincerely,

(TEACHER NAME) Noted By:

(PRINCIPAL / ACTIVITIES DIRECTOR)

✂

**PERMISSION SLIP**

Please submit this form to (NAME OF TEACHER) by (DUE DATE) together with field trip payment.

Name of Student:

Grade / Section:

🞏 Yes, my child may participate in this activity

🞏 No, my child will not participate in this activity

Name of Parent / Guardian:

Emergency Contact Number of Parent / Guardian:

Are there any Medical Issues the school should know about: 🞏 No 🞏 Yes, please list below

Signature of Parent / Guardian: Date: