



Field Trip Permission

(Toddlers)

Activity: Walking field trips within the neighborhood of St. Paul's Episcopal Preschool

Departure Time: During the school day

Return Time: Before lunch/before pick-up

Transportation: On foot

Adults attending: Classroom teachers

I give my child permission to participate: Yes No

Student's Name: _____

Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____

(2s, 3s, 4s and 5/Ks Classes)

Activity: Off Campus riding the bus or walking within the neighborhood of St. Paul's Episcopal Preschool

Departure Time: During the school day

Return Time: Before dismissal

Transportation: Walking or School Bus

Adults attending: Classroom teachers

I give my child permission to participate: Yes No

Student's Name: _____

Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____