

**MITCHELL ROAD CHRISTIAN ACADEMY  
FIELD TRIP NOTICE/PERMISSION SLIP**

PLACE: \_\_\_\_\_ DATE OF TRIP: \_\_\_\_\_

LEAVE SCHOOL: \_\_\_\_\_ RETURN TO SCHOOL: \_\_\_\_\_

Special need of your student for the trip: \_\_\_\_\_

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**RETURN THIS PORTION TO YOUR CHILD'S TEACHER**

\_\_\_\_\_ has my permission to go on this trip.

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_

Phone number \_\_\_\_\_

Cell number \_\_\_\_\_