



Christ the King Catholic School
4002 N. Rodney Parham Little Rock, AR 72212
501-225-7883 www.ctlr.com

FIELD TRIP PERMISSION SLIP

To: _____ Grade involved: _____

Date: _____

Time: Depart School _____ Return to School _____

Your child will need:

- _____ Sack Lunch
- _____ Money _____ (please send cash - exact amount)
- _____ Other _____

Please sign and return the lower portion of this note no later than _____.
Please place permission slip, with any money due, in an envelope marked with your child's name, class and the field trip information on the front.

If you are called to drive, you will be given a list of children who will be riding with you at that time. Each child must wear a seat belt while being transported to and from the field trip destination as stated in the Diocesan Handbook. One child to a seat belt. Each Kindergarten child under 6 years of age, or under 60 pounds, must have a car seat.

My son/daughter, _____, has my permission to be a passenger in another person's car for the purpose of going to and from _____ on _____ . By my signature, I agree to hold harmless of neglect any adult chaperone, any staff member, or the school in case an accident occurs while on this field trip.

Parent/Guardian Signature Phone # Date