

Ferndale Public Schools
2920 Burdette, Ferndale, MI 48220

Field Trip Form

Dear Parent or Guardian:

Plans are being made for your son or daughter to leave _____ School for a field trip to:

Location: _____

Address: _____

City: _____

Day: _____ Date: _____

Departing school at: _____ am pm

Arriving back at school at: _____ am pm

Transportation will be:

In a Ferndale School District Bus

In a private car driven by a volunteer driver*

In a chartered bus

Walking

Other: _____

Food Arrangements:

None

Bring Disposable Lunch

Beverage will be provided

Items may be purchased

Other: _____

Cost:

None

Admission: _____ per person chaperone has to pay does not have to pay

Transportation: _____ per person chaperone has to pay does not have to pay

Miscellaneous: _____

Other: _____

Chaperones needed (see below)

On the tear-off section, please indicate your wishes regarding your child's participation in this activity.

Teacher(s): _____ Date: _____

Keep this portion for your records
Return this portion to school

I give my permission for _____ to attend the field trip to _____
Print Child's Name
_____ on _____ traveling by _____
Place Date
Private Car/Bus/Other

I do not give my permission.

I am able to chaperone.

Signature of Parent or Guardian

*Volunteer Driver: Please sign below to verify the following:

1. I have attached a copy of my driver's license and proof of insurance.
2. My vehicle is in safe operating condition.
3. My vehicle is equipped with one seat belt for each person I am transporting.
4. The number of children I can accommodate in the back seat with seatbelts (including my child) _____

Signature of Volunteer Driver

Please return this form by: _____