

Harrison Community Schools  
PERMISSION SLIP

On: \_\_\_\_\_ the: \_\_\_\_\_  
(date of trip) (class or group)

under the direction of: \_\_\_\_\_ will be traveling to: \_\_\_\_\_  
(staff member/coach) (trip location)

The group will be transported by:  Bus  Staff/Coach Personal Vehicle

and will depart from the High School: \_\_\_\_\_ and will return to the High School: \_\_\_\_\_.  
(leave time) (return time)

\_\_\_\_\_ has my permission to attend the field trip.  
(student name)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_