7.10 **Buffalo Christian Academy**

Field Trip Permission Slip

As the parent(s) or legal guardian(s) of: _____
Name of student(s)

_____

I understand that there will be opportunities for my child(ren) to participate in programs/field trips, away from the Buffalo Christian Academy premises, for purposes of Physical and Academic Education. I further understand that BCA staff will be transporting my child(ren) to those events.

I grant permission for my child(ren) to participate in the fieldtrip described below and to be transported by Buffalo Christian Academy staff.

Destination: _____

Date/time leaving: _____ Time returning: _____

Chaperones: _____

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_____ Yes I am _____ No I am not interested in chaperoning a field trip.

_____ _____
Parent/Guardian Signature Date

_____ Yes I am _____ No I am not interested in chaperoning a field trip.

_____ _____
Parent/Guardian Signature Date

7.11 **Buffalo Christian Academy**