



Charter School of Educational Excellence

260 Warburton Avenue, Yonkers, New York 10701
(914) 476-5070 • Fax (914) 476-2858

TRIP PERMISSION FORM

Dear CSEE Parent/Guardian:

Your child has been invited to participate on a field trip with his/her class. Please read the information below carefully and forward the completed and signed **Trip Consent Form** below to your child's teacher by the indicated due date. If there is a cost for this trip, please forward the money along with this consent form.

Please indicate if you would like the school to provide a bagged lunch for your child. **This information is very important.**

YES. Provide my child with a bagged lunch.

NO. I will be pack a lunch for my child.

Please identify by listing any medical conditions the school should be aware of while your child is supervised on the trip. Identify medication and treatment.

Condition/s:	_____
Medication/s:	_____
Treatment/s:	_____

My child has no medical condition/s that I am aware of.

Trip Consent Form

Student's Name: _____

Class: _____

My child is permitted to participate on the class trip. My trip fee of \$ _____ is enclosed.

My child **can not** attend the trip.

Please let us know your interest in being a chaperone on this trip by checking the appropriate box below.

Chaperones:

I am interested in participating as a chaperone for this trip. Please send me the details.

I will not be able to accompany the class.

Parent/Guardian Signature (REQUIRED)

Emergency Contact

Name of Parent/Guardian: _____ Daytime #: _____

Emergency Contact Person and Telephone (in the event that a parent/guardian cannot be reached):

Name: _____ Telephone: _____

Relationship to Child: _____