Dream. Believe. Achieve.

FIELD TRIP PARENT/CAREGIVER INFORMATION LETTER

Teacher: _____ Date of Field Trip: _____

Dear Parent(s)/Caregiver(s);

Students will be going to _____

The trip will be departing from _____ at _____ ☐am ☐pm on _____

And will be returning to _____ at _____ ☐am ☐pm on _____

This trip is related to the _____ curriculum/core competencies in the following way(s):

Students who are unable to attend the field trip will be provided with alternate curriculum related activities to be done at the school.

We will be traveling to our destination by:

☐ School bus	☐ Bicycle	☐ Train
☐ Charter bus	☐ Walking	☐ Ferry
☐ Public transit	☐ Private vehicle (staff)	☐ Other _____
	☐ Private vehicle (volunteer)	

Drivers of private cars must ensure that seatbelts are fastened, and booster seats are used (if required).

The cost for this field trip for each student is $ _____

Please pay via _____ (method) by _____

If you have concerns around the cost of this trip, please refer to the school district's Policy 2.24.0 Financial Hardship.

We require permission for your child to participate in this activity.

Please notify the school of any ***new*** medical conditions that may affect your child's participation.

All excursions have potential risks that could happen on or during the excursion. This activity as the following known potential risks:

While many risks may be difficult to anticipate, the school and staff will be mitigating these concerns by doing the following:

Please complete the attached parent/caregiver consent form and return it by _____.

Sincerely,

_____ _____

Teacher/Educator Signature Date