CHAMPAIGN COMMUNITY UNIT SCHOOL DISTRICT NO. 4

Champaign, Illinois

FIELD TRIP PERMIT

 Edison Middle School \*

 (School) (Student’s Name)

 Mr. Cain \*

 (Teacher/Sponsor) (Parent Telephone Number)

PARENTS/GUARDIANS:

A field trip to Spurlock Museum is planned for Team Adventurers

 (Class or Group)

on Friday, September 22, 2017 . The trip will begin at 9:00 a.m. / p.m. and return at 11:30 a.m. / p.m.

The Purpose of the Field Trip: To further student understandings of world cultures\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Students are going by: X Unit 4 bus Private car other

 MTD Walking

PARENT’S/GUARDIAN’S APPROVAL:

I give my permission of \* to participate in the field trip described above. (Student’s Name)

\* \*

(Parent’s/Guardian’s Signature) (Date)