ST. HUBERT
CATHOLIC SCHOOL

255 Flagstaff Lane
Hoffman Estates, Illinois 60169
(847) 885-7702 Voice
(847) 885-0604 Fax
office@sthubertschool.com

Field Trip Permission Form

DESTINATION_____

DATE _____ GRADE/CLASS _____

DEPARTURE TIME _____ RETURN TIME _____

TEACHER/SUPERVISOR _____

PURPOSE OF THE FIELD TRIP

_____

Please note the following:

_____ Students will wear school uniforms

_____ Students may wear casual cloths suited for the field trip

_____ Students will bring their lunch (identified with name and grade)

_____ Lunch will be provided for students

_____ Students may purchase lunches at their own expense

_____ Other:

_____

_____ Cost for the field trip is $_____ due by _____

Transportation

_____ Bus – Provided by _____

_____ Public – Provided by _____

_____ Walking

Please print student's first and last name and date of birth.

_____

FIRST NAME **LAST NAME** **DATE of BIRTH**

has permission to attend this field trip.

Signature of Parent/Guardian _____ Date _____

(Please place the permission form and the required fee in an envelope. Include student's name and room number.)

A copy of this form is retained in the school office. A copy will accompany the teacher on the field trip.