

**RUTLAND AREA CHRISTIAN SCHOOL**

112 Lincoln Avenue, Rutland, VT 05701

(802) 775-0709, Fax (802) 786-0111

**FIELD TRIP PERMISSION SLIP**

I give permission for my child, \_\_\_\_\_  
to go on a field trip with RACS to \_\_\_\_\_  
on (date) \_\_\_\_\_. The cost of this trip is \$ \_\_\_\_\_.

I do not hold the school responsible for any Act of God that could result in an injury to my child.

I understand this trip to be fully chaperoned by the teacher and at least one parent.

I am available to chaperone this trip. YES NO (please circle one)

I can take \_\_\_\_\_ students in my vehicle.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

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