

Field Trip Permission Form

Teacher(s):Landry Smith and other Faculty Adult Chaperones

Parent/Guardian Signature

| Date of Trip: September 13-14 Grade(s):7th-8th |
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| Please turn this form in to the Lower School Front Desk by September 6th |
| Destination: Camp Lake Benson |
| Description: Student-centered spiritual retreat for students to enjoy several faith and team building activities and reflection opportunities to be more intentional in their daily decisions. |
| Cost per student: \$45.00 |
| Transportation: NCS School Bus |
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| Student's Name |
| Student's Name The above student has my permission to go on this field trip. In the event of a medical emergency on the field trip, I, the parent or guardian, give my permission for medical treatment to be administered to my child. |
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Date