

IMMANUEL LUTHERAN SCHOOL – SILO

Permission to take Students off campus

Date of experience: _____ Teacher: _____

Times: leave school at _____ and return at _____

Destination: _____

Purpose of trip: _____

Mode of transportation: Bus Car Walk

I give permission for my child's teacher to supervise an off-campus educational experience as outlined above for my child,

Child's Name

Signed: _____ Date: _____

Parent/Guardian

Please return this form to your child's teacher no later than the day before the event, preferably sooner.