PARENT/GUARDIAN PERM	MISSION FORM FOR	SCHOOL TRIP TO
student) and, by signing School to	below, give my consent and p	(please print the full name of permission for my child to atten, which will be held from, The activitie
I understand that during the tr subject to the policies, rules a School District. I have read all sign related to this trip to	I fully understand the contents of this	nd during the activities, my child will b School and the DeKalb Count s form as well as the other forms that
My contact information is as	s follows (please print clearly):	
	Mother	Father
First & Last Name:		
Home Address:		
Home and Cellular Telephone N	Numbers:	
Business Address:		
Business Telephone Number: _	x	
	norized to provide consent if pare	ents/guardians are not available:
Home Address:		
Home and Cellular Telephone N	Numbers:	' Y 5 5
Business Address:		
Business Telephone Number: _		
Relationship to student:		
The below parents/legal guar	rdians, by signing below, provide p	ermission as stated above:
Parent Name Printed	Signature of Parent/Guardian	Date
Parent Name Printed	Signature of Parent/Guardian	Date