



FROG LAKE CNES

P: (780) 943-3918

General Delivery

F: (780) 943-2336

Frog Lake, AB T0A 1M0

FIELD TRIP PERMISSION FORM

WHO: All grades

DATE: Tuesday, February 4

WHERE: Cold Lake May Cinema Theatre

DEPARTURE TIME: 9:15 am

ARRIVAL TIME: 2:00pm

SUPERVISORS/CHAPERONES: All CNES teachers and assistants

TRANSPORTATION: Bus

LUNCH PROVISIONS: Bagged lunch + theatre popcorn and drink

PRINCIPAL APPROVAL:

DIRECTORS APPROVAL:

I am the parent/guardian of _____ and give permission to attend this field trip. I have discussed the field trip expectations with my child and understand that all school rules apply.

Name: _____ Grade: _____

Treaty #: _____ AHC: _____

Emergency contact number: _____

Parent Signature & Phone Number

Today's Date

