## Las vegas junior academy

6059 W Oakey Blvd, Las Vegas, NV 89146  
(702) 871-7208

# Field Trip Permission Form

|  |  |
| --- | --- |
| Your child’s class will be attending a field trip to: | Discovery Children’s Museum |

|  |  |  |  |
| --- | --- | --- | --- |
| Date | December 9, 2014 | Time | 8:30 AM-1:30 PM |
| Location | 360 Promenade Pl, Las Vegas, NV 89106 | | |
| Cost | $6.00 | | |
| Transportation | Mrs. Richards, Ms. Novelo, and we need more drivers! | | |
| Notes | You will need to bring a sack lunch that does not require refrigeration. | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please return this permission slip by: | | | | | | | | December 8, 2014 | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| I give permission for my child | | | |  | | | | | |  | |  | |
| to attend the field trip to | | |  | | | | | | on |  | | |  |
| from |  | | | | | to |  | | | | | |  |
| Enclosed is $ | | |  | | | to cover the cost of the trip. (Exact cash or check made payable to school.) | | | | | | | |
| In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact: | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | Phone |  |  |
| Parent/Guardian Signature | | | | |  | | | | | | Date |  |  |
|  | | | | | | | | | | | | | |