

SKAGWAY SCHOOL

P.O. Box 497 Skagway, Alaska 99840 (907) 983-2960

Parental Permission/Consent for Field Trips

For: Classroom/School Field Trips within the Borough of Skagway

We (I) Parent or Guardian(s) of _____ consent to his/her participation in school and/or classroom field trips within the Borough of Skagway. We (I) understand that field trips are an integral aspect of education and that each field trip will have educational value for our student.

Signature(s) of Parent(s) or Guardian(s)

Date

Signature of Student

Date