ALLEN PARK PUBLIC SCHOOLS
PARENTAL PERMISSION SLIP

DATE: __5-12-23__

Dear Parents:

The group of which your child is a member is planning a school trip to __A.P. Center for the Arts/High School__

as part of their regular class work. The group will leave from _____ __Arno Elementary School__ _____

(building/site)

by __Bus_____ at approximately _____ __9:00 a.m.__

(mode of transportation)   (departure time)

__Thursday May 25, 2023_____ and will be chaperoned and under the same careful

teacher supervision which your child has while at school. The approximate return time of the students is

__11:00 a.m._____ The cost for each student is __N/A : Drama 1 Princess and the Pea__

(time)   (price)

Please note it is possible that a field trip can be cancelled at the discretion of Allen Park Public Schools as a precautionary measure due to unforeseeable circumstances. Therefore, if your child has made a deposit for the trip, and the District is not able to obtain a refund, the District will not be responsible for refunding any lost monies.

In order for your child to attend this trip, it will be necessary to have your approval. You may express your

approval or disapproval by signing the appropriate slip below and returning it to the teacher no later than May 25, 2023

Wear your butterfly shirt, dress for weather, comfortable shoes (no flip flops or crocs), apply sunscreen/bug spray. Pack a disposable lunch in a plastic groecry bag labeled with your child's first and last name.

__Guyot, Kalis, Warneck, Johnson, Huntington and Talamomti__   *Steve Zielinski*

Teacher(s)   Principal   Stephen Zielinski

I give permission for my child, _____ to take the school trip

to __A.P. center for the Arts_____ on __25-May-23_____

knowing that every precaution will be taken for his/her safety and well being.

_____   _____

Date   Parent/Guardian Signature

I do not give my child,_____ permission to take the school trip to

__A.P. Center for the Arts_____ on _____ __5/25/2023_____ and request that he/she be

excused for the following reason(s):

_____

_____

_____   _____

Date   Parent/Guardian Signature