

**ARTESIA PUBLIC SCHOOLS
PARENTAL PERMISSION SLIP**
School Year _____

Date: _____

Student's Name: _____

Teacher: _____

We do hereby give our consent for the above-named student to participate in all school field trips.

We understand the student will be under the supervision of Artesia Public Schools and sponsor(s). The student is subject to all school regulations for the duration of the school field trip.

(Signature of Parent or Guardian)

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