

The GW Community School

9001 Braddock Road • Springfield • Virginia 22151

Field Trip Permission Slip

Teacher's Name / Class	
Date of Trip	
Time of Departure	
Time of Return	
Supervisor(s)	
Destination	
Purpose	
Method of Transportation	
Cost	
Return Form By	

Period	Teacher Signature	Assignment
1st		
2nd		
3rd		
4th		
5th		
6th		
7th		
Advisory		

I request that my son/daughter, _____, will participate in the school event described above. I understand that the students will be riding with _____, and will not be supervised by staff at all times. I agree not to hold The GW Community School, volunteer student drivers or its staff liable for any accidents which may occur.

Parent/Guardian Signature

Date