



1900 Chamberlayne Avenue, Richmond, Virginia 23222
Phone 804-643-0434 www.pmcsrichmond.org

General Field Trip Permission Slip

My child _____ has my permission to attend field trips with his/her class at Providence Montessori Christian School during the 2014-2015 school year. I will be informed, in advance, of each trip as to the destination and mode of transportation.

I understand that there is a \$50.00 fee to cover the cost of **some** in school and out of school field trips and my child will not be allowed to attend until payment is made. This fee does not cover any additional expenses incurred from parents or siblings that attend a school event.

In addition, I will provide an appropriate car seat to be used on the trip. Safety belt laws will be strictly enforced.

Signature of Parent(s)/Guardian(s)

Date