

LEARNING ACADEMY

543 Bream Street • Charleston, WV 25387

Participation in Field Trips

I, _____ have given **New Beginning Learning Academy,**
Parent/Guardian Signature

permission for my child/children to participate in **FIELD TRIPS; (ex. MOVIES, NATURE WALKS, visits to area PLAYGROUNDS,** and other educational trips sponsored and supervised by New Beginning Learning Academy staff.

NOTICE WILL BE GIVEN BEFORE ALL FIELD TRIPS!

Child/Children's Name _____

_____

_____

Parent/Guardian Signature _____ Date _____

Witness _____ Date _____