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Field Trip Permission Form 2008-2009 Academic Year

The Best Academy has permission for student:

Last Name First Name Middle Name

Grade: _____

My child _____ has permission attend district-approved, designated scheduled field trips with students and/or class participation.

I understand that my child will be transported off-campus by pre-arranged transportation, which is a licensed, insured transportation company. I further understand that my child will participate in walking field trips within close proximity to school grounds and including Sumner Library, neighborhoods and local parks.

I agree to pay the field trip fees associated with the trip. In addition, if my student does not participate in the school lunch program, I agree to provide a lunch for my student on the day of the scheduled field trip.

Date _____

Parent/Guardian Legal Name _____

Parent/Guardian Legal Name _____