

Sheboygan Falls Public Schools  
Sheboygan Falls, WI.

Parent Permission

Please permit my son/daughter \_\_\_\_\_ to participate in  
a teacher supervised field trip to \_\_\_\_\_

on \_\_\_\_\_.  
Month Day Year

Today's Date \_\_\_\_\_ Teacher \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_