



CHRIST CLASSICAL ACADEMY

Field Trip Permission Form

Please complete and return this form (with original signature) to the Academy. Please complete a separate form for each student enrolled (we must have an original in each student's school record.). This directive covers the entire school year unless and until revoked by me in writing.

YES. I hereby grant my permission for my child/ward,
(*student's full legal name*) _____
to participate in Christ Classical Academy field trips, under
the terms of the Annual Release and Consent Agreement.

NO. My child/ward _____ is not to
participate in Christ Classical Academy field trips.

Parent or Legal Guardian

Signature: _____

Date: _____

Christ Classical Academy, 1986 Mahan Dr., Tallahassee, Fl. 32308 – Tel: (850) 656-2373 – Fax: (850) 656-6373

Website: www.ChristClassical.com