

# LEBLANC THERAPEUTIC DAY SCHOOL

## Field Trip Permission Form

Your child's class will be  
attending a field trip to go: \_\_\_\_\_

<i>Date</i>		<i>Time</i>	
<i>Location</i>			

Please return this permission slip by:

I give permission for my child \_\_\_\_\_ Grade \_\_\_\_\_  
to attend the field trip to  
go: \_\_\_\_\_ on \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**LeBlanc Contacts: Phone 978-970-5467**

**Fax 978-970-5466**