

Joseph Kushner Hebrew Academy
ישיבת בית יוסף

Field Trip Permission Slip

PLEASE PRINT CLEARLY

ONE PER CHILD

Child's Grade

September 2010

We the undersigned parents of _____
(Print Child's Name)

Hereby give permission for our child to participate in all school trips and events which require transportation from the school premises. We understand that all school trips will be directly supervised by the Joseph Kushner Hebrew Academy. This permission is valid for the academic year beginning September 2010 and ending June 2011, and is in lieu of all other individual permission slips other than notification of school trips.

Parent Signature

Please Print Name

Date

**PLEASE RETURN TO THE JOSEPH KUSHNER HEBREW ACADEMY OFFICE
BEFORE THE FIRST DAY OF SCHOOL WITH YOUR EMERGENCY FORM AND MEDICAL
FORMS!**

*We CANNOT take your child on a field trip
unless this form has been returned to the school office.*