

THE BESS AND PAUL SIGEL HEBREW ACADEMY
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2009-2010 STUDENT FIELD TRIP PERMISSION SLIP

I/WE HEREBY GRANT THE STUDENT/S LISTED BELOW PERMISSION
TO PARTICIPATE IN ALL SCHOOL FIELD TRIPS DURING THE 2009-2010
ACADEMIC YEAR.

STUDENT'S FULL NAME _____

STUDENT'S FULL NAME _____

STUDENT'S FULL NAME _____

STUDENT'S FULL NAME _____

STUDENT'S FULL NAME _____

STUDENT'S FULL NAME _____

PARENTS WILL BE NOTIFIED OF ANY TRIPS IN ADVANCE.

PRINTED NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARIDAN

DATE