

**UNIVERSAL SCHOOL**

7350 W. 93<sup>RD</sup> STREET

BRIDGEVIEW, IL 60455

(708)599-4100 FAX (708)599-1588

Mrs. Farhat Siddiqui, Principal

**FIELD TRIP PERMISSION SLIP**

Date: 09-26-08

Dear Parents of 10<sup>th</sup>-11<sup>th</sup>-12<sup>th</sup> Boys and Girls

Our class is planning a field trip

To Century Theater by Lake Shore Dr. in Chicago On Wednesday, 10-08-08

Transportation will be on chartered bus.

Others (indicate) \_\_\_\_\_

We will depart at 3:00 p.m. and return at 7:00 p.m..

Students will need to have \$ 5.00 to cover the cost of the bus and Tickets are provided free of charge by Universal School.

Lunch will be handled by N/A.

**\* First Come First Serve, 80 tickets only!**

Please sign and detach this portion to indicate your permission for your child to attend the field trip. All field trips are conducted under the supervision of the Universal School Faculty and Staff. The type of transportation being provided is stated above I understand the nature and purpose of this off campus activity and agree to hold Universal School, faculty, staff and families who participate harmless from any complaint of liability.

I, \_\_\_\_\_ give permission to my Son/Daughter \_\_\_\_\_ in grade \_\_\_\_\_ to attend the class field trip on \_\_\_\_\_ to \_\_\_\_\_. Payment is enclosed with this permission slip in the amount \$ \_\_\_\_\_.

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