



Millville Public Charter School

1101 Wheaton Avenue, Suite 220 Millville, NJ 08332 | Phone: 856-506-8143

Parent Permission for School Sponsored Activity

(Name of Student)_____ has my permission to attend the school sponsored field trip as detailed below. Please sign and return the bottom section of this form and return it to the classroom teacher.

TRIP: Grade K Graduation Practice

DESTINATION: *Levoy Theater, 126-130 N. High Street, Millville, New Jersey 08332*

DATE/TIME OF DEPARTURE: June 28, 2017 9:00 am

DATE/TIME OF RETURN: June 28, 2017 10:30 am

I understand the nature of the school activity in which my son/daughter will be participating and that he/she is expected to abide by all school regulations during the course of the activity.

I hereby give my permission for him/her to participate in the above-described activity.

Date: _____

Signature of Parent/Guardian_____

Please return this form by Monday, June 15, 2017.