



PCHS FIELD TRIP PERMISSION FORM

Dear Parents,

Please fill out and return this permission slip/deposit (if you have NOT turned it in) to your **homeroom teacher** by: **Monday, Feb. 18, 2019**

Destination: **Newark, NJ/New York City, NY** Cost: **\$405.00 Trip Only**

Make checks payable to: PCHS; The office can accommodate Credit Cards

Date: **3/20/19** Departure Time: **4:00 AM** Return Time: **3/24/19 @ 9:00 PM***

Transportation: **Deluxe Motor Coach** * Approximate Return Time

Special dietary restrictions/needs? _____

_____ has my permission to attend the above class trip.

Student Name

Parent's Signature

Date

Emergency Contact Name/Phone Number

Emergency Contact Name/Phone Number

Are there any medical concerns, allergies, or necessary medication for your child during the duration of this trip? _____ Yes _____ No

If yes, please explain:

Donation

If you would like to assist PCHS children attend the field trip, please make a donation.

Donation Amount: \$ _____