



## Groveport Elementary

715 Main Street  
Groveport, OH 43125  
(614) 836-4975

### Walking Field Trip Permission Slip

I give my child, \_\_\_\_\_ my permission to accompany his/her class on a field trip. I understand that my child will be **walking** to the field trip location.

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Destination: \_\_\_\_\_

Teacher: \_\_\_\_\_

Parent/Guardian printed name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Child's name: \_\_\_\_\_