

AMI Field Trip



Primary / Elementary Student (circle one)

School Year 20____ / 20____

I give permission for	
to attend all A.M.I. field trips for the school year.	
I understand that transportat	ion will be by bus unless I am
informed otherwise.	
Date:	
	•••
Parent or Guardian Signature:	
Print Name:	
Telephone Numbers: Home_	
Mom's Cell	_ Dad's Cell
Mom's Work	_Dad's Work