

Ms. Aiesha's Childcare Inc.
HOME AWAY FROM HOME
278 Fritz Circle
Clarksville TN 37042
931-302-2451



Purpose of Trip: _____

Name _____ School _____

Venture Team Name _____ Trip Dates: ____/____/____ - ____/____/____

Destination: _____

Advisor(s): _____

Departure Site: _____ Departure Time: _____

Return Site: _____ Return Time: _____

Mode of Transportation: *(if necessary)* _____

a) I give my permission for my child to participate in this trip.

(Signature of Parent/Guardian)

(Date)

b) I have been informed that _____ is participating in this trip:
(Student Name)

(Signature of Teacher/Advisor)

(Date)
