



Diablo Valley
Montessori School

Field Trip Permission Slip

PLEASE COMPLETE AND RETURN THE BELOW PORTION NO LATER THAN _____.

My child _____ has permission to go with his/her DVMS class to:

Place: _____

On: _____

Leaving DVMS at: _____

Returning to DVMS at: _____

X___ I understand transportation will be by private automobile.

X___ I understand my child needs to be at DVMS no later than 8:55 am.

X___ I will send my child with his/her car seat *clearly labeled* with his/her name on it.

My child requires:

X___ car seat.

X___ booster seat.

I will provide:

X___ car seat.

X___ booster seat.

Name of Parent: _____

Signed: _____

Date: _____