



The Burlington Academy of Learning

Where Children and Families Are Celebrated!

PERMISSION FORMS

CHILD'S NAME: _____ DATE COMPLETED: ____/____/____

FIELD TRIP PERMISSION

I give permission for my child to participate in all field trips scheduled during the academic school year.

I understand that transportation will most often be provided by the parent volunteers and, on certain occasions, may be provided by a bus company.

I also understand that I will be informed well in advance of all field trips and adequate supervision by teachers and parent volunteers will be provided

Signature: _____ Date: ____/____/____

INFORMATION TRANSFER PERMISSION (if applicable)

I request that my child's educational records be forwarded from *The Burlington Academy of Learning* to the following school:

Name of School: _____

Contact Person: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: ____/____/____