



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license)			License #
Faith Lutheran School			0007196
Street Address of the Facility	City	Zip Code	County
208 S. Derby Ave.	Derby	67037	Sedgwick

_____ may go to the following locations off the premises **with** adult supervision:

First and Last Name of Child or Youth

Place	Street Address	City	By Vehicle	Walk/Bike
Faith Lutheran Church	214 S. Derby Ave.	Derby		X
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

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