

**Name:** Indian Cliffs Ranch**For:** prek to 6th*Date:* Thursday, September 21, 2017*Time:* We leave the school at 9:30 a.m.*Location:* Indian Cliffs Ranch, Clint Texas*Cost:* \$10.35 / person (student or adult)
Cost includes lunch/drink / popcorn*Transportation:* Educators & Parent Volunteers*Notes:*

All students must wear their NHHSA t-shirts. Parents welcome.

Please return this permission slip & cash by:

Thursday, September 7, 2017 with payment please

Authorization

I give my permission for my child(ren) _____
to attend the field trip.

In case of an emergency, I give permission for my child to receive medical treatment. I understand that transportation is being provided by parents and agree to hold them, NHHSA, and all assigns harmless for any injuries my child may sustain as involved with this field trip and the transportation to and from.

Printed Name: _____ *Phone:* _____*Parent/Guardian Signature:* _____ *Date:* _____