



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license) Salina Montessori School			License # 0070674-009		
Street Address of the Facility 1312 McAdams Rd.		City Salina	Zip Code 67401	County Saline	

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

First and Last Name of Child or Youth

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

Place Oxbow Park & Dike Trail	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

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

Place Ms. Sherry's House	Street Address 881 Eastridge Dr.	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Salina Community Theatre	Street Address 303 E. Iron Ave.	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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Signature of Parent or Guardian			Date Signed	

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Signature of Parent or Guardian			Date Signed	

FOR SCHOOL AGE CHILDREN OR YOUTH ONLY

I hereby authorize my **school age child** _____
First and Last Name of Child or Youth
Birth Date MM/DD/YYYY

To walk/bike to and from the following location(s) **without** adult supervision:

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	

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	