



# CROSSROADS CHRISTIAN SCHOOL

P.O. Box 249 ♦ Henderson, NC 27536 ♦ (252) 431-1333 Office ♦ (252) 431-0333 Fax ♦ www.ccscolts.org

## Notarized Field Trip Permission (Use for overnight trips.)

I hereby grant permission for my son/daughter/ward \_\_\_\_\_

to participate in a field trip with the \_\_\_\_\_  
on **(date)** \_\_\_\_\_, **beginning at** \_\_\_\_\_ (time) **and ending at**  
\_\_\_\_\_ (time). I understand this field trip is optional, attendance by my child is not  
required, and that an alternative activity will be provided at school if my child elects not to participate.

Transportation for this activity will be provided by bus/private vehicle. All trips will begin and end at  
school unless prior arrangements have been made to dismiss students to parents/guardians at an  
alternative location. Students are required to go and return from this event on the transportation  
provided, unless prior arrangements have been made.

I understand that all students participating in this trip will be responsible for their conduct to the driver  
and to the teachers or adult chaperones at all times. Students will be expected to adhere to the  
conduct and dress code policies as outlined in the Crossroads Christian School handbook. Violation  
of these policies may result in the loss of future field trip opportunities as well as other disciplinary  
actions as deemed necessary by the Headmaster.

In doing so, I absolve Crossroads Christian School, its insurers, agents, employees, board,  
representatives, and assigns from any and all causes of actions, claims, demands, or expenses in any  
way connected with or arising out of said transportation to and from all events.

**Bus fee (if applicable):**  
**Other costs:**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

### NOTARY INFORMATION

State of: \_\_\_\_\_

County of: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

personally appeared before me; the said named \_\_\_\_\_  
to me known and known to me to be the person described in and who executed the foregoing instrument and he (or  
she) acknowledged that he (or she) executed the same and being duly sworn by me, made oath that the statements  
in the foregoing instrument are true.

My Commission expires \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_