



2025-2026 Field Trip Permission Form

Student Name: _____

Student Address: _____

Student Telephone Number: _____

I hereby consent and authorize my child to attend all field trips with Learners Christian Academy for the 2025-2026 school year. I understand that I will be given a letter stating the particulars of each field trip to sign and return to the classroom teacher. The purpose of this form is to give consent should the student fail to return the letter as well as give consent to all PE classes to be held off campus.

Parent/Guardian Signature

Date

*Mark this box if you **DO NOT** consent or authorize.*

Parent/Guardian Signature

Date

Witness: *(anyone who watches as this form is filled out)*

Print Name

Date

Learners Christian Academy
800 N. Pine Hills Road
Orlando, FL 32808
(407) 952-5213