



ARGYLE CENTRAL SCHOOL

Dear Parent/Guardian:

Your son/daughter has been invited to attend a field trip. The destination of the field trip is to

_____ West Mountain _____. The field trip is on 1/9, 1/16, 1/23, 1/30, 2/6, 2/13
(destination) (date)
from _____ 3:15-7:30PM _____. The cost of the trip is See West Mountain _____. The money
(time)
should be submitted to _____ West Mtn. _____, no later than _____ 12/15/23 _____.
Transportation

will be provided by _____ ACS _____. Please sign below and return to

_____ Mrs. A. McKernon _____ by _____ 1/9/24 _____.

Departure Time: _____ 3:15PM _____

Return to School Time: _____ 7:30PM _____

Please sign and return this portion to your teacher

I give permission for my son/daughter, _____, to attend the field trip.

Parent/Guardian Signature _____

Emergency Contact: _____ Phone # _____

Health Insurance Carrier: _____ Policy # _____

Is your child taking any medications? () Yes () No If yes, explain _____

Does your child have any medical problems we should be aware of? () Yes () No

If yes, explain _____

Does your child have any allergies? () Yes () No If yes, explain _____