



Field Trip Permission Form

Dr. Andrew Underwood
Superintendent

Dr. Kirby Hall
Deputy Superintendent
Finance and Support Services

Dr. Tanya Shippy
Assistant Superintendent
Human Resources

Dr. Sara Jones
Assistant Superintendent
Pupil Services

Dr. Bob Poisal
Assistant Superintendent
School Improvement

Mrs. Lisa Cummings
Director, Special Services

**Mill Creek Upper
Elementary**

Kimberly Mauck, Principal
Deanna Feeback,
Asst. Principal

308 S. Cleveland
Belton, Missouri 64012
www.beltonschools.org
Phone 816-348-1576
Fax 816-348-1595

**Home of the
Pirates**

I give permission for my child _____ to attend the
(Student's Name)
Field trip to Kansas City Symphony on Tuesday 10/16.
(Location of Field Trip) (Date of Field Trip)

Your child should bring _____

ADDITIONAL INFO: Students will be eating lunch
upon returning to school at 1:30. They will NOT be
eating during their scheduled lunch time, & will be
eating a sack lunch.

MEDICAL PROBLEMS: Yes No (If yes, please explain)

ALLERGIES: Yes No (If yes, please explain).

I authorize emergency medical treatment for my child, should it become necessary.

Signature of Parent/Guardian _____

Important: Neither the Belton School District #124 nor the bus contractor will be responsible for the security of personal items taken onto or left on the bus.



Dr. Andrew Underwood
Superintendent

Field Trip Permission Form

Dr. Kirby Hall
Deputy Superintendent
Finance and Support Services

I give permission for my child _____ to attend the
(Student's Name)
Field trip to Belton High School on Monday 10/15/12
(Location of Field Trip) (Date of Field Trip)

Dr. Tanya Shippy
Assistant Superintendent
Human Resources

Your child should wear bring their DARE shirt

Dr. Sara Jones
Assistant Superintendent
Pupil Services

ADDITIONAL INFO: 5th graders will be
leaving Mill Creek by bus @ 9:30am.
Me assembly starts @ 10am students
will return to Mill Creek by 11:30am.

Dr. Bob Poisal
Assistant Superintendent
School Improvement

MEDICAL PROBLEMS: Yes No (If yes, please explain)

Mrs. Lisa Cummings
Director, Special Services

ALLERGIES: Yes No (If yes, please explain)

Mill Creek Upper
Elementary

I authorize emergency medical treatment for my child, should it become necessary.

Kimberly Mauck, Principal

Deanna Feedback,
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Signature of Parent/Guardian _____

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