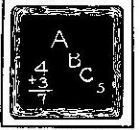


Christian Education



Parental Involvement



Academic Excellence



Positive Environment

The Rockbridge Christian Academy

P.O. Box 570/21 Snowy Egret Ln.
Lexington, Va. 24450
540-463-5456

FIELD TRIP PERMISSION FORM

NAME _____

Date _____

Classes take field trips as part of the school program. Parental permission is required before your child can participate.

Please complete the parental consent form below.

The teacher will send home a notice of each field trip. It will not be necessary for you to grant permission for each trip. If your child cannot participate in a particular field trip, please notify the teacher.

I give permission for my child, _____ to participate in field trips to be taken while a student at Rockbridge Christian Academy.

Signature of parent or guardian

I release The Rockbridge Christian Academy, its faculty and staff, the Lexington Foursquare Gospel church, and all other church participants from any liability for any injury my child might sustain while participating in a school sanctioned field trip. I also authorize the teachers and adult chaperones to consent to any emergency medical treatment to be rendered my child, should that be deemed necessary.

Signature of parent or guardian



Our school is a member of the
Association of Christian Schools International.