



Oconto Unified School District

“Leaders & Learners ~ Today & Tomorrow”

Date: _____

Dear Parent/Guardian:

A chaperoned, school sponsored field trip has been planned. With your permission, your child will be able to participate.

Field trip to:

Location:

Purpose of trip:

Who will attend:

When:

Departure/arrival times:

Special arrangements:

Please return to school:

_____ may attend the field trip
(Child's name)

to _____ on

Parent/Guardian Signature

Date

I also give permission that in case of an emergency that my son/daughter can be given emergency treatment.

Parent/Guardian Signature

Date

Emergency number where parent can be reached: #1

#2

District Office
400 Michigan Avenue
Oconto WI. 54153
Ph: 920-834-7814
Fax: 920-834-9884

Oconto High School
1717 Superior Avenue
Oconto WI. 54153
Ph: 920-834-7812
Fax: 920-834-7804

**Oconto Middle School
Bayshore Community Academy**
400 Michigan Avenue
Oconto WI. 54153
Ph: 920-834-7806
Fax: 920-834-9884

Oconto Elementary School
810 Scherer Avenue
Oconto WI. 54153
Ph: 920-834-7808
Fax: 920-834-9883