

Apple Grove High School  
101 Maple Tree Lane  
Bayfield WI 54814



Date: \_\_\_\_\_

To the parents of: \_\_\_\_\_

Your student is eligible to attend a field trip at the Bayfield Museum of Natural History next week. In order for your student to attend, we need you to please sign this permission slip, and return it to the School Office no later than \_\_\_\_\_. Should you have any questions, please contact the School Office at (547) 213-4765 for more information. Thank you.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_