

**Satit Prasarnmit International Programme**

*Subject – Teacher(s)*

Dear SPIP Parents and Guardians,

Our Year *xxxxxx* students will be visiting *xxxxxxx* on *day/date* for *purpose of visit*. Students will depart from *location* at *time* and return at approximately *time*. Snacks, drinks, and a boxed lunch will be provided.

In order to take part in this event, a Parental Permission Slip must be provided. Please return the attached permission slip to Mr. Grant by *day/date*. Should you have questions regarding this trip please call school office at 02-260-9621 ext 701.

Best Wishes,

Grant Larter

Head of Faculty

**Parental Permission Slip**

Please return by: *day/date*

I hereby give my permission as parent/guardian of the child named below to visit *destination* . Although full supervision will be given for this trip to secure the safety and security of all involved, I agree that SPIP, including but not limited to all staff employed by the school to supervise the students, will not be held liable in the event of loss, accident or injury.

Name of Student (Please print in full)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian (Please print in full)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian

Emergency contact number(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_