



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license) Christ Cathedral Montessori School			License # 0065389		
Street Address of the Facility 138 S. 8th St		City Salina	Zip Code 67401	County Saline	

_____ may go to the following locations off the premises **with** adult supervision:

First and Last Name of Child or Youth

Place Church Parish Hall	Street Address 138 S. 8th Street	City Salina	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place The Cathedral	Street Address 138 S. 8th Street	City Salina	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Salina Public Library	Street Address 301 W. Elm Street	City Salina	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Smoky Hill Museum	Street Address 211 W. Iron	City Salina	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Salina Fire Department	Street Address 222 W. Elm	City Salina	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Salina Community Theater	Street Address 303 E. Iron Ave	City	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Olivias Park	Street Address 4th and Center	City Salina	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Church Playground	Street Address 138 S 8th Street	City Salina Ks	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Room 11- (room just north of the classroom)	Street Address 138 S. 8th Street	City Salina	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

FOR SCHOOL AGE CHILDREN OR YOUTH ONLY

I hereby authorize my **school age child** _____
First and Last Name of Child or Youth
Birth Date MM/DD/YYYY

To walk/bike to and from the following location(s) **without** adult supervision:

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	