



**NEW ENGLAND
ACADEMY OF TORAH**

Field Trip Permission Form

As parent/legal guardian of _____ Grade _____,

I hereby give my permission for said child to attend educational, social, athletic functions, and/or trips held on premises other than at Providence Hebrew Day School / New England Academy of Torah of 450 Elmgrove Avenue, Providence, RI, which entails bus and/or other transportation, I grant this permission at my own risk, accepting full responsibility, and without holding Providence Hebrew Day School / New England Academy of Torah responsible in any way.

Parent/Legal Guardian's Signature: _____

Printed Name: _____

Date: _____