



PROJECT
Redemptive
L O V E

Community Family Life Center

9800 Lottsford Road

Mitchellville, Maryland 20721

Phone: 301.883.8160 FAX: 301.883.8169

PERMISSION TO TRANSPORT
School Year 2007-2008

I hereby grant permission to Project Redemptive Love to transport my child as necessary. If an emergency arises, then I will be contacted as soon as possible with the details.

Name of Student & Grade

Name of School

School Address

Home Address

Parent's Name

Parent's Signature

Date



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FIELD TRIP PERMISSION FORM

School Year 2007-2008

My child has permission to attend trips sponsored by Project Redemptive Love during the 2007-2008 academic year. It is further understood that I will be advised by the sponsor of the field trip as to the nature of each field trip in the following manner:

1. The place and objective of the trip.
2. The time of departure and return.
3. The mode of transportation.
4. The amount of money needed.
5. The meals provided or purchased.

Student's Name & Grade

Parent's Name

Parent's Signature

Date