

COCOA ADVENTIST CHRISTIAN SCHOOL
1500 Cox Road Cocoa, FL 32926 Phone 321-636-2551
Field Trip Form 2025-2026

Student Name _____

Grade _____ Age _____

I (parents name) _____

hereby give permission for my child

(students name) _____

to go on a school sponsored field trips I understand that I will be notified of each event, and that students will be supervised at all times. I do not hold the school and/or staff liable except as covered by insurance.

Parent print name _____

Parent signature _____

Best contact number _____