

TELESIS CENTER FOR LEARNING, INC.
2598 STARLITE LANE
LAKE HAVASU CITY, ARIZONA 86403
Phone: 928-855-8661
Fax: 928-855-9302
www.telesis-academy.org

Class Attending: ___ Builders Club ___ Key Club Teacher: _____

Student Name: _____

Date of Field Trip: _____ Time: 11:20 am – 1:15 pm

Location of Field Trip: Makai Cafe; Kiwanis Weekly Meeting with Luncheon

I give permission for _____ to participate in the above scheduled field trip. I understand that my child will be transported by private transportation. Every effort will be made to make this activity as safe and uneventful as possible.

I certify that I am the **parent or legal guardian** of the above named student.

Print name: _____

Signature: _____

Date: _____

Teacher Permission:

As of this date _____, all my classes are currently at a 70% or above.

Student signature: _____

Teacher signature and permission to leave class for Kiwanis Luncheon (11:30AM – 1:00PM):

Period 5:

Class _____ Teacher _____
signature _____ Date _____

Period 7: (student may arrive late to this block):

Class _____ Teacher _____
signature _____ Date _____