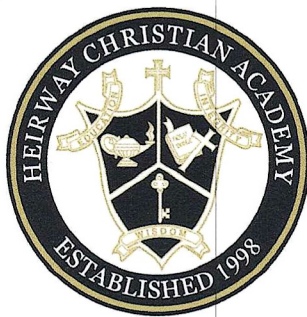


6758 Spring Street
Douglasville, GA 30134
www.heirwaychristianacademy.com



Fax: 770-489-4318
Phone: 770-489-4392
heirwaychristianacademy@gmail.com

PERMISSION SLIP

I, _____, grant permission for
(Parent's Name)

_____ to participate in
(Child's Name)

911

Monday -September 11, 2023

_____ on _____
Name of Event (Date)

Transportation will be via _____
School Van, Buses, or Walk
(Mode of Transportation)

I also understand that I am granting permission for my child to travel by the mode of transportation listed above and I am assuming all responsibility for my child and will not hold anyone liable including Heirway Christian Academy for any injury incurred during the time of travel and the event itself.

I also understand that this Field Trip is for only students in the class and I will not bring siblings or friends to accompany me on this trip

In case of an emergency, contact us at _____
(Parent's Daytime Number)

I grant permission this date _____
(Month/Day/Year)

(Parent's Signature)

The Spirit itself beareth witness with our spirit, that we are the children of God:
And if children, then heirs; heirs of God, and joint-heirs with Christ.