

STUDENTS' WEAPONS POLICY UNDERSTANDING FORM
KASSON-MANTORVILLE PUBLIC SCHOOLS

Independent District No. 204 • 101 16th St. N.E. • Kasson, MN 55944-1610
Phone: 507-634-1100 • Fax: 507-634-6661

I have been told about the Weapons Policy and know that I cannot bring weapons on the bus or to school.

Student's Signature

Grade

Parent/Guardian's Signature

Date

OUR MISSION

The Kasson-Mantorville School District is committed to excellence.

FIELD TRIP PERMISSION SLIP
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My child, _____, has my permission to attend all field trips to be held in connection with their classroom for this school year. All school trips will be limited to within a radius of 20 miles of the school.

Parent/Guardian's Signature

Date

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