



Kingsland Public Schools

Independent School District No. 2137

705 North Section Avenue

Spring Valley, MN 55975

www.kingsland.k12.mn.us

Scott Klavetter

Superintendent/ PK-4 Principal

Phone: 507-346-7276

Fax: 507-346-7278

klavetter.scott@kingsland2137.org

Deana Dontje

5-12 Principal

Phone: 507-346-7276

Fax: 507-346-7278

dontje.deana@kingsland2137.org

Erin Milz

Dean of Students

Phone: 507-346-7276

Fax: 507-346-7278

milz.erin@kingsland2137.org

I give _____ permission to attend school-sponsored field trips
(Student First & Last Name)

during the school year. The school will notify me of all scheduled field trips in advance, other than trips between school district facilities. And as a parent/guardian, I retain the right not to allow my child to attend such field trips as long as I give the school written notice. I do understand if I exercise my parental/guardian rights to withhold my child from a particular field trip that s/he will be required to attend school for that day under Minnesota's Compulsory Education Law (M.S. 120.101). I further understand that certain fees for field trip attendance may be required to offset the costs.

Field trips are a privilege and not a right due to their supplemental educational nature. Your child must meet the classroom requirements for field trip attendance. Classroom teachers will communicate all requirements and expectations to the children. Children losing the privilege of a field trip will be required to attend school for that day as outlined in the above paragraph. Should you have any questions, contact the classroom teacher. Please fill in the information on this permission form and return to your child's teacher.

Child's Full Name: _____
(please print)

Parent/Guardian's Full Name: _____
(please print)

Parent/Guardian's Phone Number: (H) _____ (W) _____

Parent/Guardian's Signature: _____

Date: _____