

9800 Lottsford Rd Mitchellville MD 20721 301-955-1160 voice 301-955-1169 fax www.woodstreamacademy.com

WCA Permissions

Student's Name	Grade	School Year	Date
Parent's Name			
ermission to Transpo	rt		
I hereby grant permission to Woodstre	_		•
beforehand, but if an emergency arise	s I will be contacted as soon	as possible with the details	5.
Parent Signature:		Date:	
eld Trip Permission			
My child has permission to attend trips	sponsored by Woodstream	Christian Academy durir	ng this academic year. It is
<u> </u>	d by the sponsor any pertiner e of the trip and expected arrival ation ssociated	•	ng this academic year. It is
My child has permission to attend trips further understood that I will be advise The place and objective The time of departure at the mode of transportation. Any fees or charges as	d by the sponsor any pertiner e of the trip and expected arrival ation associated s	it information as follows:	
My child has permission to attend trips further understood that I will be advise The place and objective The time of departure at the mode of transportation of the second control of the mode of transportation. Any fees or charges as Any meal arrangement	d by the sponsor any pertiner e of the trip and expected arrival ation associated s	it information as follows:	