



Grace Lutheran School
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Dear Parent or Guardian,

Your child is going on a field trip to the **Key West Library** once a month **starting Friday, October 10, 2025** with the middle school team. Please read the information below, initial, then sign and return the permission slip by Friday, September 26, 2025.

Field trip information:

Dates: 10/10/25, 11/14/25, 12/12/25, 1/9/26, 2/13/26, 3/6/26, 4/10/26, and 5/8/26

Location: Key West Library, 700 Fleming Street

Cost: \$0

Means of transportation: Staff/approved volunteer cars

Time: 9:00am-10:15am

_____ has my permission to attend field trips to the Key West Library.

I will review the books that my child has checked out. I understand that the books chosen are not endorsed by Grace Lutheran School staff, and that I will monitor the books chosen by my child. (initial here) _____

I give my permission for _____ to receive emergency medical treatment. In case of an emergency, please contact:

Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____