

ALL SAINTS CATHOLIC ACADEMY  
Field Trip Permission Form

Grade 1<sup>st</sup> Teacher Mrs. Porlier/Mrs. Labadessa Home Room 1A/1B

Your child's class will be taking a field trip on Friday, December 6, 2019  
(Date)

to visit North Central College, Naperville, IL. The educational benefit of this experience will be to view a live performance of Beauty and the Beast which ties in with our language arts curriculum.

We will leave school at 9:30 a.m. and arrive back by 12:00 p.m.

There will be 2 teacher(s) and 6 chaperone(s) traveling with the class.

The cost of the trip will be \$ 16.00 (pay by Cash or Check ONLY)

- X Students **WILL** be in uniform for the field trip.
- X Students will eat lunch at school.

Please return the signed permission slip with the money by 11/21/19  
(Date)

I request that All Saints Catholic Academy take my child, \_\_\_\_\_  
(First and Last name)

on a field trip to North Central College Home Room \_\_\_\_\_  
(place)

I hereby release and indemnify All Saints Catholic Academy, its staff, volunteers and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

RELEASE: If emergency treatment is required, and if parents or legal guardian can not be reached immediately, your signature in the space provided below empowers the school authorities to exercise their judgment to transport the child to the hospital emergency room.

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone number where I can be reached during the event ( \_\_\_\_\_ ) \_\_\_\_\_

**For office use only:**  
Amount Rec'd: \_\_\_\_\_ Check Number: \_\_\_\_\_ Cash Amount: \_\_\_\_\_