

ALL SAINTS CATHOLIC ACADEMY
Field Trip Permission Form

Grade 1st **Teacher** Mrs. Porlier **Home Room** 1A

Your child's class will be taking a field trip on Monday, February 25, 2019
(Date)
to visit North High School, St. Charles, IL. The educational benefit of this experience
will be to view a live performance of Junie B. Jones, First Grader which ties in with our
reading curriculum.

We will leave school at 8:30 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 \$ 20.00 (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 2/21/19
(Date)

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

on a field trip to _____
(place) **Home Room** _____

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: _____