ALL SAINTS CATHOLIC ACADEMY Field Trip Permission Form

Grade 2 Teacher Ms. Catalano/Mrs. Bergquist Home Rm 2A & 2B

Your ch	ild's class will be taking a field trip	on Wednesday, May 8, 2019
to visit	The Morton Arboretum	(Date) The educational benefit of this experience will be
to enhance our study of plants, animals and their habitats which ties in with our		
<u>Scier</u>	nce curriculum.	
We will	leave school at 9:00 a.m.	and arrive back by _12:15 p.m
There will be <u>2</u> teacher(s) and <u>4</u> chaperone(s) traveling with the class.		
The cost of the trip will be \$16.00 (pay by Cash or Check ONLY)		
 () Students <u>WILL</u> be in uniform for the field trip. X Students will <u>NOT</u> be in uniform for the field trip. X Students may <u>NOT</u> bring their cell phones. X Students should bring a brown bag lunch to eat at the event – no lunch boxes. () Students will eat lunch at school. 		
		ith the money by <u>May 3, 2019 .</u> (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	S	City
Phone number where I can be reached during the event ()		
	ce use only: Rec'd: Check Number	er: Cash Amount: