

ALL SAINTS CATHOLIC ACADEMY  
Field Trip Permission Form

Grade 4th Teacher Baumann/Kennedy Home Room 4A/4B

Your child's class will be taking a field trip on Thursday, February 27, 2020  
(Date)

to visit North Central College to see AlphaBet Soup's production of The Wizard of Oz.

The educational benefit of this experience will be to learn creativity, public speaking opportunities and to reinforce comprehension of literary words which ties in with our Reading curriculum.

We will leave school at 10:00 a.m. and arrive back by 12:00 p.m.

There will be 2 teacher(s) and 0 chaperone(s) traveling with the classes.

The cost of the trip will be \$ 12.00 (pay by Cash or Check ONLY)

- Students **WILL** be in uniform for the field trip.
- Students will **NOT** be in uniform for the field trip. (Spirit wear should be worn)
- Students may **NOT** bring their cell phones.
- Students will eat lunch at school once we return (approximately 12:15 p.m.)

Please return the signed permission slip with the money by 2/20/20  
(Date)

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

on a field trip to The Wizard of Oz 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: \_\_\_\_\_