

ALL SAINTS CATHOLIC ACADEMY
Field Trip Permission Form

Mrs. Mrs.
Grade 4 Teacher Baumann/Kennedy Home Room 4A & 4B

Your child's class will be taking a field trip on Tuesday, April 10, 2018
(Date)
to visit Springfield. The educational benefit of this experience will be to
visit the Lincoln Museum / Capitol which ties in with our Social Studies
curriculum.

We will leave school at 7:00 a.m. and arrive back by 5:00 p.m.

There will be 2 teacher(s) and 7 chaperone(s) traveling with the class.

The cost of the trip will be \$ 48.00 (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.
- Students may **NOT** bring their cell phones.
- Students should bring a brown bag lunch to eat at the event – no lunch boxes.
- Students will eat lunch at school.

Please return the signed permission slip with the money by March 23, 2018
(Date)

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

on a field trip to _____ 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: _____