

ALL SAINTS CATHOLIC ACADEMY
Field Trip Permission Form

Grade 5th Teacher Morris/Bartlett Home Room 5A/5B

Your child's class will be taking a field trip on Tuesday, March 5, 2019
(Date)
to visit Cathedral of St. Raymond's. The educational benefit of this experience will be
to visit the Cathedral Church of the Diocese of Joliet which ties in with our Religion
curriculum.

We will leave school at 9:00 a.m. and arrive back by 2:00 p.m..

There will be 2 teacher(s) and 5 chaperone(s) traveling with the class.

The cost of the trip will be \$ 15.00 (pay by Cash or Check ONLY)

- X Students **WILL** be in uniform for the field trip.
- X Students may **NOT** bring their cell phones.
- X Lunch will be provided (pizza) (Students with special dietary needs should bring their own lunches.)

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: _____