

ALL SAINTS CATHOLIC ACADEMY  
Field Trip Permission Form

**Grade** 6<sup>th</sup> **Teacher** Gonzalez/Harrison **Home Room** 6G/6H

Your child's class will be taking a field trip on Wednesday, September 25, 2019  
(Date)  
to visit Montini High School. The educational benefit of this experience will be  
to participate in Field Day which ties in with our P.E. curriculum.

We will leave school at 8:35 a.m. and arrive back by 2:00 p.m.

There will be 3 teacher(s) and 0 chaperone(s) traveling with the class.

The cost of the trip will be \$ 7.00 (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.
- ☒ Cheese Pizza will be served for lunch. **If student has any allergies, they 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 9/20/19.  
(Date)

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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: \_\_\_\_\_