

ALL SAINTS CATHOLIC ACADEMY  
Field Trip Permission Form

Grade 7 Teacher Mrs. Galise, Mr. Moore & Mrs. Vidal Home Room 7G 7M 7V

Your child's class will be taking a field trip on November 5, 2019  
(Date)

to visit Called By Name. The educational benefit of this experience will be to  
study vocations which ties in with our Religion curriculum.

We will leave school at 8:15 am and arrive back by 2:30 pm.

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

The cost of the trip will be \$ \$26 (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.
- Lunch will be provided (Turkey sandwich catered by Potbelly).  
Students with food allergies should bring a sack lunch and drink from home.
- Students will eat lunch at school.

Please return the signed permission slip with the money by October 30, 2019  
(Date)

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

on a field trip to Called by Name Home Room 7G 7M 7V  
(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: \_\_\_\_\_