ALL SAINTS CATHOLIC ACADEMY
Field Trip Permission Form

Grade _7_ Teacher _Mrs. Kazlauskas/Fodor, Mrs. Galise & Mrs. Hundt_ Home Room 7KF_7G_7H

Your child's class will be taking a field trip on __**November 8, 2018**_____
<div align="center">(Date)</div>

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)**

- X Students **WILL** be in uniform for the field trip.
- ☐ Students will **NOT** be in uniform for the field trip.
- X Students may **NOT** bring their cell phones.
- X Lunch will be provided. 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 31, 2018**___ .
<div align="center">(Date)</div>

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I request that All Saints Catholic Academy take my child, _____
<div align="center">**(First and Last name)**</div>

on a field trip to ____**Called by Name**_____. Home Room 7KF_7G_7H__
<div align="center">**(place)**</div>

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: _____