

ALL SAINTS CATHOLIC ACADEMY
Field Trip Permission Form

Grade 7 & 8 Teacher Mrs. Barnhart Home Room

Your child's class will be taking a field trip on April 15, 2019
(Date)
to visit Sts. Peter & Paul School. The educational benefit of this experience
will be to attend the Cross Town Debate which ties in with our
speech/debate curriculum.

Arrive to Sts. Peter & Paul School by 8:00 a.m. and leave by 3:00 after the awards ceremony

***** MUST PROVIDE OWN TRANSPORTATION TO AND FROM EVENT *****

There will be 4 teacher(s) and 0 chaperone(s) traveling with the class.

The cost of the trip will be \$ -0- (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.
- Cell phones will be collected and held by teacher during event.
- Lunch will be purchased from Subway. **See order form attached.**
- Students will eat lunch at Sts. Peter & Paul School

Please return the signed permission slip with the money by April 11, 2019.
(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: _____