

ALL SAINTS CATHOLIC ACADEMY  
Field Trip Permission Form

**Grade 3 Teacher Ms. Lewis & Mrs. Becker Home Room 3A & 3B**

Your child's class will be taking a field trip on May 18, 2018  
(Date)

to visit Safety Town. The educational benefit of this experience will be to

complete "Learn Not To Burn" which ties in with our Social Studies  
curriculum.

We will leave school at 8:15 a.m. and arrive back by 11:15 p.m..

There will be 2 teacher(s) and 4 chaperone(s) traveling with the class.

The cost of the trip will be \$ 0 (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 Students will eat lunch at school.

Please return the signed permission slip with the money by May 14, 2018  
(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: \_\_\_\_\_