

ALL SAINTS CATHOLIC ACADEMY  
Field Trip Permission Form

Your child's class will be taking a field trip on Thursday, May 17, 2018  
(Date)  
to visit the Jacob Henry Mansion. The educational benefit of this experience  
will be etiquette lessons, which all our children can benefit from.

We will leave school at 9:45 a.m. and arrive back by 1:00 p.m.

The cost of the trip will be \$ 22.00 (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 the Jacob Henry Mansion – **list dietary restrictions on permission slip below.**

Please return the signed permission slip with the money by Monday, May 14, 2018.  
(Date)  
.....

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

on a field trip to Jacob Henry Mansion. Home Room \_\_\_\_\_

**Dietary Restrictions** \_\_\_\_\_

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: \_\_\_\_\_