

### FIELD TRIP PERMISSION FORM

School Name Grassetti Catholic Academy Address 316 Mill St City Waveonda

Destination: Feed My Starving Children  
Date 1-31-19 Grade/Class 3rd-5th  
Departure Time: 11:30 Return Time: 2:30  
Teacher/Supervisor 3rd-5th grade teachers

#### EDUCATIONAL PURPOSE OF THE FIELD TRIP

Feed My Starving Children

#### Please note the following:

- Students will wear school uniforms.
- Students may wear casual clothes suited for the field trip and in accord with school dress code.
- Students will bring their lunches labeled with name/grade
- Lunch will be provided for the students.
- Students may purchase lunches at their own expense.
- Other: \_\_\_\_\_

#### Transportation:

Bus – provided by Waveonda  
Public – provided by \_\_\_\_\_  
Walking Route: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Other: \_\_\_\_\_

*Print first and last name of student on line below*

I/we, the parent(s)/guardian(s) of \_\_\_\_\_ request that the school permit my/our son/daughter to participate in this field trip as described above. I/We understand that this is an educational trip and a valid extension of the classroom experience. In consideration of the making of arrangements by the school, I/we release and save harmless the school and any and all school personnel from any and all liability for any injuries, loss, or other claims arising or resulting from the trip.

*Print first and last name of Mother/Guardian:*

*Print first and last name of*

**Father/Guardian:**

Mother/Guardian \_\_\_\_\_  
Father/Guardian \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**Note: Teachers will have each student's Medical and Emergency Notification Authorization for Medical Treatment on the trip.**

Cost of Field Trip \$2 Due on or before 1-18-19

*Please place the permission form and the required fee in an envelope. Include student's name, grade, and room number.*