

**FIELD TRIP PERMISSION FORM**

School Name Frassati Catholic Academy Address 316 W. Mill St City Wauconda  
Destination: Shrine of Christ Passion  
Date 9-18-19 Grade/Class 8th grade  
Departure Time: 8:30 Return Time: 3:00  
Teacher/Supervisor Mr. Lesinski

**EDUCATIONAL PURPOSE OF THE FIELD TRIP**

**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 O'Hare Limo
- 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 \$7 Due on or before 9.13.19

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