

Due Monday 11/25/19

**St. Patrick Catholic Academy
Field Trip Permission Form**

Student's Name: _____ Grade: K-8

Teacher's Name: Teachers Grades K-8 Grade Taught: _____

Date of Trip: Thursday, 12/12/19

Destination: Alpine Movie Theatre

Bay Ridge, NY Movie "Frozen II"

Departure Time: 9:30 am Expected Time of Return: 12:30 pm

Mode of transportation: School Bus

Lunch: at school as usual Cost: \$10.00

Special Features, Events, etc.: chaperones - please see
flyer for guidelines

I/we, the parent(s)/guardian(s) of _____ request
that St. Patrick Catholic Academy allow my/our child to participate in the Field
Trip stated above. In consideration for the making of the arrangements for this trip,
we hereby release and save harmless St. Patrick Catholic Academy and all its
employees from any and all liability arising to my/our child as a result of this trip.

Parent/guardian signature(s):

_____ Date: _____

_____ Date: _____

*** *Emergency contact:*

Name: _____ Cell Phone # _____

Work # with Extension _____ Email _____

Any Medical Considerations? _____

_____ I would be willing to chaperone. **All chaperones must be Virtus trained!**

_____ My child will not be going on the above stated trip, and I
understand that he/she is expected in school.