



Please attach the printed School Cash Online receipt
or write the receipt number here: _____

FORM F

REQUEST FOR PARENT/GUARDIAN PERMISSION – DAY EXCURSIONS

Dear Parents and Guardian:
The purpose of this form is:

1. To inform you of the nature of this program
2. To seek your support and permission for your child to participate

Staff Organizer(s): B. Wannamaker, H. Pelletier, K. Wilson Grade(s): 1 & 2

Date/Time of Departure from School: N. Carrera, J. Charpentier
Fri., Nov. 15, 2019 @ 11:45 am

Date/Time of Return to School: Fri., Nov. 15, 2019 @ 1:30 p.m.

Destination: Regiopolis-Notre Dame Method of Travel: Bus

Physical Description of the Area to be Visited: Secondary School
School Gymnasium (inside)

Activities to be Undertaken: watch a drama presentation by Gr. 11/12 students

Educational Purpose: to learn about a dramatic production and enjoy

Total Cost per student: \$4.00 watching it (eg. characters, plot, problem & solution)

Prior to the school trip, there will be classroom time devoted to establishing safety procedures.

ELEMENTS OF RISK

Educational activity programs, such as sporting events, field trips and other activities, may present various elements of risk. Incidents related to such activities may occur and cause injury through no fault of the school board or the facility at which the activity or event is being held. Participants **MUST** assume these risks. *The Algonquin and Lakeshore Catholic District School Board does not provide any accidental death, disability, dismemberment or medical expenses' insurance on behalf of students participating in these activities.*

x _____
ACKNOWLEDGEMENT: WE HAVE READ AND UNDERSTAND THESE WARNINGS

Parent/Guardian Signature: _____ Student Signature: _____
If over 18 years old

Staff Organizer Signature: B. Wannamaker & other Gr. 1/2 teachers Principal Signature: [Signature]

PERMISSION FORM: TO ATTEND/NOT ATTEND THIS DAY EXCURSION

I give I do not give _____ permission to participate in
(Name of Student)

watching a play to be held at: Regiopolis-Notre Dame Secondary
(name of venue) School

Parent/Guardian Signature: _____ Date: _____