Please attach the printed School Cash Online receipt Algonquin & Lakeshore Catholic District School Board or write the receipt number here: REQUEST FOR PARENT/GUARDIAN PERMISSION – DAY EXCURSIONS

FORM F 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): Rosanne Lannan / Stephanie D'Angelo Grade(s): 1 Date/Time of Departure from School: Wednesday, December 21st at 9:10 am Date/Time of Return to School: Wednesday, December 21st at 11:00 am Garrison Bowling Lanes Method of Travel: BUS Destination: Activities to be Undertaken: Bowling Physical Education, Social + Emotional Learning Educational Purpose: Total Cost per student: 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. ACKNOWLEDGEMENT: WE HAVE READ AND UNDERSTAND THESE WARNINGS Parent/Guardian Signature: _____Student Signature: ____ If over 18 years old Staff Organizer Signature: Principal Signature: Principal Signature: PERMISSION FORM: TO ATTEND/NOT ATTEND THIS DAY EXCURSION

Policy Document:

School Excursions

S-2018-04-1