



IMMACULATE CONCEPTION SCHOOL

PERMISSION FOR SPECIAL ACTIVITIES

DESCRIPTION OF ACTIVITY:

_____ PG Music Fest Performance-Our Savior's Lutheran Church on Oskpika (3590 Dufferin Ave)

DATE: _____ Wednesday, February 20th, 2019

DEPARTURE TIME: _____ 9:05 am

APPROX. ARRIVAL TIME BACK AT SCHOOL: _____ 11:00 pm

METHOD OF TRANSPORTATION: _____ TBA

COST: (if any) _____ Depending on method of transportation

TEACHER'S SIGNATURE: _____ *[Handwritten Signature]*

ADMINISTRATION APPROVAL: _____ *[Handwritten Signature]*

PLEASE RETAIN THIS SECTION AS YOUR INFORMATION ON THIS ACTIVITY.

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PLEASE SIGN AND RETURN BY Friday, February 1st

NOTE: Please sign this form and return to the school as soon as possible if you would like your child to participate. If we haven't received written permission from the parents/guardians, the child **will not** be allowed to go.

I give permission for my child, _____, in Grade _____
at Immaculate Conception School to participate in _____
on _____.

____ Yes, I can help with supervision on this activity and have a current Criminal Record Check on file.

____ Yes, I can provide transportation for this event for ____ students, including my own child and have my drivers abstract and insurance on file.

Signature of Parent/Guardian _____ Date Signed _____