



IMMACULATE CONCEPTION SCHOOL

PERMISSION FOR SPECIAL ACTIVITIES

DESCRIPTION OF ACTIVITY:

_____ G 2-7 Attend a UNBC Basketball Game _____

DATE: _____ February 7, 2020 _____

DEPARTURE TIME: _____ 11:30 AM _____

APPROX. ARRIVAL TIME BACK AT SCHOOL: _____ 2:00 PM _____

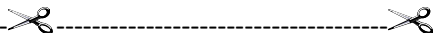
METHOD OF TRANSPORTATION: _____ Bus _____

COST: (if any) _____ \$2.00 _____

TEACHER'S SIGNATURE: _____ 2-7 _____

ADMINISTRATION APPROVAL: _____ *K. Barth* _____

PLEASE RETAIN THIS SECTION AS YOUR INFORMATION ON THIS ACTIVITY.



PLEASE SIGN AND RETURN BY Monday, February 3

NOTE: Please sign below to confirm that you have read the letter outlining the school guidelines regarding the fieldtrip. In signing this, you understand the associated risk with this type of activity. 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 attend _____ UNBC Basketball Game _____
on _____ Friday, February 7, 2020 _____.

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

Signature of Parent/Guardian _____ Date Signed _____