



# IMMACULATE CONCEPTION SCHOOL

## PERMISSION FOR SPECIAL ACTIVITIES

### DESCRIPTION OF ACTIVITY:

Roller skating at the Roll-A-Dome

DATE: Thursday January 31, 2019

DEPARTURE TIME: 9:30 AM

APPROX. ARRIVAL TIME BACK AT SCHOOL: 12:45 PM

METHOD OF TRANSPORTATION: Diversified (Bus)

COST: (if any) \$9.00

TEACHER'S SIGNATURE: [Signature]

ADMINISTRATION APPROVAL: [Signature]

**PLEASE RETAIN THIS SECTION AS YOUR INFORMATION ON THIS ACTIVITY.**

**PLEASE SIGN AND RETURN THIS PORTION TO THE SCHOOL BY FRIDAY January 25<sup>TH</sup>.**

**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. Please note all students will be required to wear helmets while skating.

I give permission for my child, \_\_\_\_\_, in Grade 3 at Immaculate Conception School to participate in skating trip to Roll-A-Dome on Thursday, January 31, 2019.

☐ Yes, my child will need to rent skates sz \_\_\_\_\_ and/or helmet \_\_\_\_\_ from the arena.

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

Signature of Parent/Guardian \_\_\_\_\_

Date Signed \_\_\_\_\_