



IMMACULATE CONCEPTION SCHOOL

PERMISSION FOR SPECIAL ACTIVITIES

DESCRIPTION OF ACTIVITY:

Gr 3 & 7 Exploration Place Fieldtrip

DATE: Thursday, October 3, 2024

DEPARTURE TIME: 10:20 am

APPROX. ARRIVAL TIME BACK AT SCHOOL: 1:45 pm

METHOD OF TRANSPORTATION: Bus

COST: (if any) \$6.00

TEACHER'S SIGNATURE: _____

ADMINISTRATION APPROVAL: *K. Barth*

PLEASE RETAIN THIS SECTION AS YOUR INFORMATION ON THIS ACTIVITY.

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PLEASE SIGN AND RETURN BY Friday, September 27, 2024

NOTE: 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 participate in Exploration Place trip
on _____.

- Yes, I can help with supervision of this activity and have a current Criminal Record Check on file.
- I have attached payment.
- I have paid online for the activity.

Signature of Parent/Guardian _____ Date Signed _____