Archdiocese of Omaha Parent Permission Form for Field Trip Participation

Date: Tuesday	April 11, 2017			
Parish/School r	name/address:	224 E. 5	mbkille School s th Street n, NE 68046	
Dear Parent or	Legal Guardian:			
location away	from the school	/parish grounds.	pate in a school/parish sponsored activity r This activity will take place under the g A brief description of the activity follows:	
Destination: Gr	oss High Schoo	ol		
Designated sup	pervisor/s of activ	rity: Miss Wisnie	wski, Mrs. Vondra, Mr. Smith, Mrs. Archu	leta
Date and time of	of departure: Tue	sday April 11 @	10:15am	
Date and antici	pated time of ret	urn: Tuesday Apr	il 11 @ 11:45am	
Method of trans	sportation: Bus			
Student cost::	Bus:	Activity:	⇔Total Cost: \$0	
	PLEASE MAK		THE FORM OF A CHECK OR MONEY ORD TO ST. COLUMBKILLE SCHOOL.	DER MADE
Educational pu	rpose: Dress Rel	nearsal for Music	Program.	
of consent and	release of liabili		e in this event, please complete, sign, and re or legal guardian, you remain fully responsibly your child.	
supervision of	the designated	diocesan/parish	ur child,, in away from school/parish grounds and that /school employee on the stated dates. went, including the method of transportation.	We further consent to the
			Signature of Parent/Legal Guardian	Date
			Address	
			Emergency phone number	