Archdiocese of Omaha
Parent Permission Form for Field Trip Participation

Date: April 26, 2017

Parish/School name/address: St. Columbkille School
224 E. 5th Street
Papillion, NE 68046

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish sponsored activity requiring transportation to a location away from the school/parish grounds. This activity will take place under the guidance and supervision of employees from St. Columbkille School/Parish. A brief description of the activity follows:

Destination: **Rose Theater Omaha, Nebraska**

Designated supervisor/s of activity: **Mrs. Reeder, Mrs. Wilson, and Mrs. Braegelman**

Date and time of departure: May 2 2017 @ 9:15

Date and anticipated time of return: May 2, 2017, @ 11:20

Method of transportation: Bus

Student cost:: Bus: $0.00 Activity: $0.00 ⇨**Total Cost: $0.00**

PLEASE MAKE PAYMENT IN THE FORM OF A CHECK OR MONEY ORDER MADE PAYABLE TO ST. COLUMBKILLE SCHOOL.

Educational purpose:

Students will participate in a post-show workshop that will explore the characters, plot, and themes from the show. Students will also tour the sets and view the costume and make-up designs from the show(on May 3rd at school).

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As a parent or legal guardian, you remain fully responsible for any legal responsibility which may result from personal actions taken by your child.

We hereby consent to participation by our child, _____, in the event described above. We understand that this event will take place away from school/parish grounds and that our child will be under the supervision of the designated diocesan/parish/school employee on the stated dates. We further consent to the conditions stated above on participation in this event, including the method of transportation.

_____
Signature of Parent/Legal Guardian Date

_____
Address

_____
Emergency phone number