

\* Please attach the printed School Cash Online receipt  
or write the receipt number here: \_\_\_\_\_



REQUEST FOR PARENT/GUARDIAN PERMISSION – DAY EXCURSIONS

Dear Parents and Guardian:

The purpose of this form is:

1. To inform you of the nature of this program
2. To seek your support and permission for your child to participate

Staff Organizer(s): L Vermette Grade(s): 4-5

Date/Time of Departure from School: 10:45 am Dec 10<sup>th</sup>

Date/Time of Return to School: 1:30 pm Dec 10<sup>th</sup>

Destination: Regi ND Method of Travel: walking

Physical Description of the Area to be Visited: cafeteria/theatre

Activities to be Undertaken: see production of "Matilda"

Educational Purpose: music + drama appreciation

Total Cost per student: \$6 online only please!

*Prior to the school trip, there will be classroom time devoted to establishing safety procedures.*

**ELEMENTS OF RISK**

Educational activity programs, such as sporting events, field trips and other activities, may present various elements of risk. Incidents related to such activities may occur and cause injury through no fault of the school board or the facility at which the activity or event is being held. Participants **MUST** assume these risks. *The Algonquin and Lakeshore Catholic District School Board does not provide any accidental death, disability, dismemberment or medical expenses' insurance on behalf of students participating in these activities.*

x -----  
**ACKNOWLEDGEMENT: WE HAVE READ AND UNDERSTAND THESE WARNINGS**

Parent/Guardian Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

*If over 18 years old*

Staff Organizer Signature: L Vermette Principal Signature: [Signature]

**PERMISSION FORM: TO ATTEND/NOT ATTEND THIS DAY EXCURSION**

I give  I do not give \_\_\_\_\_ permission to participate in

(Name of Student)

watching Matilda to be held at: Regi ND on Dec 10<sup>th</sup>  
(name of venue)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_