## JOHNSON ST.P.S.

## PARENT/GUARDIAN FIELD TRIP PERMISSION FORM

<b>Destination:</b>	MATILDA – Royal A	lexandra Theatre - Toronto	<u> </u>
Date of Trip:	TUESDAY, December	er 20 <sup>th</sup> , 2016.	
Grade/Group Involved: G	GRADE 1-8 STUDENTS	Supervisor(s): Classroom Teachers +	E.A.'s + Office Support
Departure from School:	11:00a.m.	Est. return time to school:	6:00p.m.
Transportation:	Bus	Cost per student:	\$45.00
Purpose:	To support and enhan	ce the Arts programming at JSPS.	
Return form by:	WEDNESDAY, NOVEMBER 30 <sup>TH</sup> , 2016		
Additional information:		oring a lunch & snacks. e arrange for late pick up. No spendin	og money please
	or area the show. I leas	e arrange for face piek up. 130 spendin	g money, preuse.
involve certain elements of counseled by their parents/gactivities and there is the poagents, or the facility where death, disability, dismember ACKNOWLEDGEMENT I hereby acknowledge and accident insurance coverage STUDENT CONTRACT: As a Johnson St. P.S. stude rules I will demonstrate resussigned during this trip.  I have read the above outline	risk over and beyond tho guardian on the necessity ptential for injury without the the activity is taking placement or medical expense accept the risks inherent in the complete the importance pect, good manners and remain and understand all guidents.		al that students participating be ts may occur while participating in these t, the school board or its employees or coard does not provide any accidental ticipating in this activity.  for personal health, medical, dental and estive manner. In following the school
PLEASE DETACH AND	0.4	IOOL BY: ···⊁·····×	<b></b>
	MATILDA (Tor RETURN FORM	onto) – TUESDAY, DECEMBER 20 <sup>TH</sup> . 4: WEDNESDAY, NOVEMBER 30 <sup>TH</sup> .	, <u>2016</u> , <u>2016</u>
My child:	y child(ren) will be travel	has my permission to participate in the lling by bus to the Royal Alexandra Thea	ne fieldtrip to MATILDA IN tre in Toronto on TUESDAY,
STUDENT COST: 45	5.00 cash □	cheque (payable to JSPS) □ on-	line □
Parent/G	uardian Signature	Teacher:	
		Today's Date:	
Stude	ent Signature		

Please include relevant medical information that the teacher should be aware of that would relate to the nature of this trip.