

St. John the Apostle Catholic School

PARENT/LEGAL GUARDIAN PERMISSION SLIP FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter, guardianship, is eligible to participate in a school-sponsored activity that requires transportation to a location away from the school site. This activity will take place under the guidance and supervision of employees from St. John the Apostle Catholic School. A brief description of the activity follows:

Curriculum Goal: Service to Community and honoring the life and dignity of the human person

Destination: Ashwood Court Assisted Living

Designated Supervisor of Activity: SJS teacher / staff

Date and Time of Departure: throughout the year

Date and Anticipated Time of Return: _____

Method of Transportation: walking

Student Cost: Ø

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

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

Dress: SJS uniform Other items needed: None

Parent's Name/Signature

Address

Emergency Phone Number

Insurance Company

Group #

Hospital Choice

Please return this entire form by Aug 11th, 2025
Date

**If you are driving for any school trip, please come to the office with your driver's license and proof of minimal liability insurance of \$100,000.00/\$300,000.00.