

St. Anne School
WALKING FIELD TRIP PERMISSION SLIP
2009/2010

Curriculum Goal: *Varies with each teacher*

Destination: *Walking trips within a one-mile radius around Queen Anne hill*

Day of Field trip: *Varies with each teacher*

Time leaving: *Varies throughout 2009/2010*

Time of return: *Same day as walking trip*

Cost per student is: *\$ 0*

Method of transportation: *Walking*

In order for your child to participate in this event, you must sign and return this statement of consent by September 8, 2009.

My child _____ Grade: _____

My child _____ Grade: _____

My child _____ Grade: _____

My child _____ Grade: _____

Has my permission to participate in the activity described above. I understand this event will take place away from St. Anne School's property, under the guidance and supervision of employees of St. Anne School, on the stated date. I further consent to the conditions, including any costs and the method of transportation.

Parent's Name _____ Home Phone Number _____

Phone number where you can be reached during the field trip _____

Additional Emergency Contact and Phone Number _____

Parent's Signature _____ Date _____