Dear Parent or Legal Guardian:

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

Curriculum Objective: 8th-Grade Spiritual Retreat

Destination: Teen Life Camp: Hidden Lake

Designed Supervisor of Activity: Mrs. Margo Wach & Mrs. Mary Lou Schwaner

Date and Time of Departure: Wednesday 17 October 8:00 am

Date and Anticipated Time of Return: Friday 19 October 2:30 pm

Method of Transportation: Chartered Bus

Lunch Provisions: Meals Provided

Student Cost Deducted From FACTS: (Cost) $230

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 and return it to your child’s teacher by 10/10/08 As the 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 request and hereby grant permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in the above described field trip. I understand that this event will take place away from the school ground and that my child will be under the supervision of the designated school employee on the stated date. I further consent to the conditions stated above on participation in this event, including the method of transportation.

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Parent/Guardian Signature Date

IN CASE OF EMERGENCY, TELEPHONE NUMBERS TO REACH PARENT/GUARDIAN:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 OFFICE CELL HOME