***Saint Therese Academy***

**6440 St. Therese Way**

**San Diego, CA 92120**

Phone: (619) 583‑6270 Fax: (619) 583‑5721

# REQUEST FOR CLASS FIELD TRIP

I request that my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be allowed to attend the scheduled trip listed below:

Destination—San Diego Zoo

Date of Trip : January 22, 2017

Times: Approximately 9:00 a.m. until 3:00 p.m.

Students may bring money for souvenirs and lunch/snacks, or they may bring a sack lunch.

The cost is $16 per student to cover the bus transportation.

I/We, the undersigned parent(s) and/or duly authorized guardian(s) of the above named child, request permission for our child to participate in the above mentioned field trip.

I/We further release St. Therese Parish and St. Therese Academy and all of its agents and employees from any liability arising out of any damage or injury which may or might be suffered by the above referenced minor child during the course of these activities, including all of the time the child is away from the school grounds.

In the event of any medical emergency, I/We further request that the decision made by the school or any and all of its agents relating to the provision of medical assists be carried out.

In case of emergency please call:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_ Relationship

Alternate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_ Relationship

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

 Parent/Guardian Signature Date

***Permission slip and bus money due byJanuary 17.***