

# Saint Therese Academy

Saint Therese Way  
(619) 583-6270

San Diego, CA 92120  
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: Feb. 12

Leave School At: 9:30 am Return To School At: 2:45 pm

☐ Bring A Sack Lunch

# of Chaperones Needed: 7

☐ Yes, I have a zoo pass.

☐ Yes, I Can Chaperone

☒ Wear Spirit Dress

☐ Wear Regular School Uniform

☒ Yes, I have had CMG training & a background check to chaperone.  
☐ Wear Dress-Up Day Uniform

Special instructions: Students may bring money to buy lunches or snacks

Cost Per Student: \$ 23.00 for the bus.

THIS AMOUNT WILL BE CHARGED TO YOUR FAMILY FACTS ACCOUNT (INCIDENTAL BILLING)

Permission Slips Due By:

January 22, 2024

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.

\_\_\_\_\_  
Parent/Guardian Signature / Relationship

\_\_\_\_\_  
Date

In case of emergency please call:

Mother: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work/Home \_\_\_\_\_

Father: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work/Home \_\_\_\_\_

Other Authorized Person: \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work/Home \_\_\_\_\_