

St. Joseph School
10 School Hill Rd
Baltic, CT 06330
(860) 822-6141

Dear Parent/Guardian,

Your child is going on a field trip. Please read the information below and sign it by

_____.

Date of Field Trip:

Location:

Purpose:

Cost:

Cash or check payable to St. Joseph School

Means of Transportation:

Departure time:

Return time:

Special Instructions:

_____ has permission to attend a field trip to _____ on _____. I have given instructions to my child about the purpose of the trip, expected behaviors and the obligation to obey staff/chaperones at all times. My child has also been reminded about displaying good manners to all. I release the teachers, Sisters of Charity of Our Lady, Mother of the Church, St. Joseph School and all their holdings from any and all financial and personal responsibility in case of an accident other than normal coverage held by their insurance companies and waive any claim against them.

Parent Name Printed:

Parent/Guardian Signature:

Enclosed, please find cash/check in the amount of _____ to cover the cost of the trip.

In an emergency, please contact:

Name _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____