

PARENT PERMISSION FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

| Dear Farent of Legal Guardian. | |
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| - , , , | nool-sponsored activity requiring transportation to a y will take place under the guidance and supervision School. |
| A brief description of the activity follows: | |
| Name of the event: Sophomore Retreat | |
| Destination: Good Shepherd Church- 4665 Thomas | ville Rd. |
| Date: August 26, 2022 | |
| Designated Supervisor of Activity: Fr. Tom Dillon | |
| Beginning Time:8:30 | |
| Ending Time: 3:00 | |
| Method of Transportation: Parent/Guardian provides transportation | |
| Cost: none | |
| If you would like your child to participate in this event, please sign and return the following statement of consent and release of liability by 08/22/22. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student. | |
| hereby consent to participation by my child, | |
| Prir_ | nt Parent/Guardian's Name |
| Par - | ent/ Guardian's Signatures |
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