



IMMACULATE CONCEPTION SCHOOL

PERMISSION FOR SPECIAL ACTIVITIES

DESCRIPTION OF ACTIVITY:

Movie –The Star

DATE: December 13, 2017

DEPARTURE TIME: 9:45 AM

APPROX. ARRIVAL TIME BACK AT SCHOOL: 1:00 PM

METHOD OF TRANSPORTATION: Diversified Transportation

COST: \$9.00
This includes transportation and admission OR

COST: \$14.50
This includes transportation, admission, and concession (kid’s combo: jr. popcorn, jr. drink, jr. candy)

TEACHER’S SIGNATURE: All Staff

ADMINISTRATION APPROVAL: *K. Barth*

PLEASE RETAIN THIS SECTION AS YOUR INFORMATION ON THIS ACTIVITY.

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PLEASE SIGN AND RETURN BY

NOTE: Please sign this form and return to the school as soon as possible if you would like your child to participate. If we haven’t received written permission from the parents/guardians, the child **will not** be allowed to go.

I give permission for my child, _____, in Grade _____
at Immaculate Conception School to participate in _____
on _____.

____ Yes, I can help with supervision on this activity and have a current Criminal Record Check on file.
***Adult admission is \$ 7.50 and Kid’s Combo is \$ 5.50. These fees must be submitted to the school.**

Signature of Parent/Guardian _____ Date Signed _____