



# IMMACULATE CONCEPTION SCHOOL

## PERMISSION FOR SPECIAL ACTIVITIES

### DESCRIPTION OF ACTIVITY:

Tour of the PG Observatory, in connection with our science unit on space.

DATE: October 23, 2018

DEPARTURE TIME: 10:10 am

APPROX. ARRIVAL TIME BACK AT SCHOOL: 12:45 pm

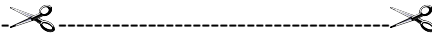
METHOD OF TRANSPORTATION: Parent drivers. If insufficient amount of drivers available, a bus will be rented.

COST: (if any) \$2.00

TEACHER'S SIGNATURE: \_\_\_\_\_

ADMINISTRATION APPROVAL: \_\_\_\_\_

**PLEASE RETAIN THIS SECTION AS YOUR INFORMATION ON THIS ACTIVITY.**



### 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.

\_\_\_\_ Yes, I can help with transportation and have a current Drivers Abstract and copy of insurance on file.

Signature of Parent/Guardian \_\_\_\_\_ Date Signed \_\_\_\_\_