STUDENT MUST BRING ADDITIONA BEVERAGE UNLESS A UNCH IS ORDERED DIOCESE OF TUCSON CATHOLIC SCHOOLS e schoo FIELD TRIP - PARENT REQUEST FORM PLEASE TYPE OR PRINT To the principal of OUR MOTHER OF SORROWS be allowed to participate in the I request that my child field trip to ARIZONA SCIENCE CENTER DINNER STOP IN CASA GRANDE DATE: April, 11 3019 DEPARTURE TIME: 8 OCAM RETURN TIME: 8 COOM I understand that transportation will be provided by Motor coach My child will be instructed by me to cooperate fully with the directions and instructions of the supervisory personnel in charge of the field trip. Should there be a medical emergency, 911 will be called. I agree that any cost or expense related to any emergency will be paid by me, by my insurance company or any benefit plan of mine or that of my spouse. Accident insurance carried by the school is designed to provide supplemental coverage to any insurance carried by the parents/guardian. I understand field trips are part of the curriculum, and that students will be responsible for completing any work related to the field trip. In keeping with the Educational Mission and Purpose of the diocesan schools, all field trips will have an educational purpose. The educational purpose of this trip is: STEM connections to Sthe grade Science curriculum A description of this trip/activity is: Tour science museum, engage in hands-on activities, view shows at the planetarium and IMAX theater, Note: If a student is 18 years of age or older, the student's signature is required. Four POMPETESpecial collections Date Parent/Guardian Signature Student Signature if 18 DRIVER INFORMATION ☐ Yes. I will drive for the field trip Name students with seat belts. (Do not count yourself, the driver. If you have a front passenger seat I can accommodate airbag, do not use that seat for a student.) My liability insurance is with ☐ Yes. A copy of my driver's license is on file in the school office. This is the only notification of this field trip that you will receive. Your child will not be allowed to participate in this field trip unless this form is complete and returned to school. Date Parents/Guardian Signature Student's Name

BILLED THROUGH

* STUDENT MUST BRING