



40. Billed through FACTS

PLEASE BRING A SACK LUNCH
and BEVERAGE IF NOT PURCHASING

DIOCESE OF TUCSON CATHOLIC SCHOOLS A LUNCH

FIELD TRIP - PARENT REQUEST FORM

THROUGH
THE
SCHOOL.

PLEASE TYPE OR PRINT

To the principal of Our Mother of Sorrows Catholic School
School

I request that my child X → be allowed to participate in the
field trip to Biosphere 2.

DATE: Mon. 4-8-19 DEPARTURE TIME: 8:00 RETURN TIME: 3:30 pm

I understand that transportation will be provided by bus

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 enrichment;

Care for God's creation - Catholic Social Teaching

A description of this trip/activity is: hands-on science activities
related to sustainability

Note: If a student is 18 years of age or older, the student's signature is required.

~~Student Signature if 18~~ X → Parent/Guardian Signature Date

DRIVER INFORMATION

Yes. I will drive for the field trip

I can accommodate _____ students with seat belts. (Do not count yourself, the driver. If you have a front passenger seat 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.

Student's Name Parents/Guardian Signature Date