

ST. PIUS X SCHOOL
PARENT PERMISSION FORM FOR SCHOOL
SPONSORED TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from St. Pius X School. A brief description of the activity follows:

Curriculum Goal: **Develop an awareness of how the arts reflect various cultural influences while promoting an openness to new ideas in order to appreciate fine arts.**

Destination: **VA International Tattoo at the Scope Arena, Norfolk, VA**

Designated Supervisor of Activity: **All Homeroom Teachers in Grades K – 8, Resource Teachers & School Staff**

Date and Time of Departure: **Thursday, April 21, 2016** **9:00 am**

Anticipated Time of Return: **Thursday, April 21, 2016** **1:15 pm**

Method of Transportation: **Bus**

Student Cost: **\$8.00** Payment is due by Friday, April 15th. Please make checks payable to “St. Pius X School”. Students will wear their dress uniform. Students should have a good breakfast. A snack of Lays potato chips will be provided to each student at the show. Students will have lunch when they return to school.

(Detach and Return)

If you would like your child to participate in this event, please complete, sign and return the following statement of consent. 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.

I hereby request that my child _____ Grade _____

be allowed to participate in the **VA International Tattoo at the Scope Arena, Norfolk, VA**

on **Thursday, April 21, 2016** ******PLEASE COMPLETE ONE FORM PER STUDENT******

I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions regarding participation in this event, including the method of transportation. If I cannot be contacted in an emergency, the school has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment, which a physician deems necessary for the well-being of my child. I hereby release and save harmless St. Pius X School and any and all of its employees from any and all liability for any and all harm arising to our son/daughter as a result of this trip.

Parent’s Name (**Please Print**)

Parent’s Signature

Date

I accept responsibility for my behavior.

Student’s Signature (where applicable)

Teachers: These forms need to be with you on the field trips.