## Saint Therese Academy

6046 Camino Rico Phone: (619) 583-6270 **San Diego, CA 92120** Fax: (619) 583-5721

## REQUEST FOR CLASS FIELD TRIP

I request that my childlisted below:	be all	owed to attend the scheduled trip
Destination: PICH MAN Date of Trip: MAN DATE OF Trip: Leave School At: 8.00 AW	XON PRESIDENTIALL CTOBER 30, 2017  Return To School A	ibrary of Museum
Bring A Sack Lunch # of	Chaperones Needed:	\ Yes, I Can Chaperone
Wear Spirit Dress	Vear Regular School Uniform	Wear Dress-Up Day Uniform
Special instructions: WE WINDER - Cost Per Student: \$31.00 Permission Slips and Payment D  I/We, the undersigned parent(s) and	d/or duly authorized guardian(s) of	
permission for our child to participate in the above mentioned field trip.  I/We further release St. Therese Parish and St. Therese Academy and all of its agents and employees from any liability arising out of any damage or injury which may or might be suffered by the above referenced minor child during the course of these activities, including all of the time the child is away from the school grounds.		
In the event of any medical emergency, I/We further request that the decision made by the school or any and all of its agents relating to the provision of medical assists be carried out.		
Parent/Guardian Signature	/ Relationship	Date
In case of emergency please call:		
Mother:	Cell Phone	Work/Home
Father:	Cell Phone	Work/Home
Other Authorized Person:	Re	elationship
Cell P	hone W	ork/Home