

## SCHOOL ACTIVITY INFORMATION & PERMISSION FORM

THIS FORM IS TO BE RETURNED BY: Jah 2	0,2023
ACTIVITY (including purpose & location details): +he	Line, Bowling, Dairy Queen Wi
<b>-</b>	3 1
DEPARTURE TIME from school: 9:45	RETURN TIME to school: 2:30
COST: 23.00	FEES DUE: 23.06 bring & for lunch
TRANSPORTATION ARRANGEMENTS:	
SUPERVISED BY: teachers + EA's	
UNUSUAL FACTORS/RISKS:	
OTHER DETAILS:	
PARENTAL PERMISSION	
I,, ☐ GIVE ☐ DO NOT GIVE permission for	
(Printed name of parent/guardian)	THE LIBOROT GIVE permission for
(Printed name of child) to part	icipate in this activity.
I have read and understood the information.	
Signed(Signature of parent/guardian)	Date:
(orginatore of parentiguardian)	Phone:
RELEVANT STUDENT MEDICAL CONDITIONS that the school should know:	
Please check	
all that apply. □ I AM NOT able to help supervise this activity. □ I AM able to DRIVE TO and FROM destination.	
I have completed required paperwork at the school office.	
☐ I have offered to drive for an additional classroom.	
I have seats available for grade	
I have seats avail	able for grade
Return top parties to the select Q	20.434, 1094
Return top portion to the school. Sa	ve bottom portion for your records.
THIS FORM IS TO BE RETURNED BY: Jan 20	2023
	ne + Bowling - Dairy Queen lunch
ACTIVITY DATE: Feb 2, 2023	pickup
DEPARTURE TIME from school: 9:45  COST: \$23.00 + Money for lunch	RETURN TIME to school: 2 30
TRANSPORTATION ARRANGEMENTS:	FEES DUE: 23.00 + # for lunch
UNUSUAL FACTORS/RISKS:	
OTHER DETAILS:	

