



## FIELD TRIP REQUEST

1. A Field Trip is planned:

Class: \_\_\_\_\_ Teacher: \_\_\_\_\_

To: \_\_\_\_\_

Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Educational Purpose: \_\_\_\_\_

Cost: \_\_\_\_\_

Transportation Plan: \_\_\_\_\_

2. We request that our child \_\_\_\_\_ be allowed to participate in the field trip outlined above. We believe the necessary precautions and plans for the child's care have been made. We feel that reasonable vigilance in the care and supervision of the children during the trip will be exercised. I, we give permission for \_\_\_\_\_'s participation.

3. In consideration for making all the arrangements for this trip, we hereby waive, release, indemnify, hold harmless, and forever discharge any and all claims against the Diocese of Lafayette, St. Michael School, their commissioners, advisory council, administration, teachers, employees, volunteers or agents for damages and/or injuries to or of my child listed in paragraph 2 above, which may arise from the participation in this activity.

4. Review Field Trip information (page 22 and 23 of the Parent/Student Handbook)

Parent(s) Guardian(s) Name: \_\_\_\_\_  
(Please Print Name)

Parent(s) Guardian(s) Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone (Mother): \_\_\_\_\_ Cell Phone (Father): \_\_\_\_\_

Date: \_\_\_\_\_

**\* Once field trip money has been submitted the cost of the trip is non-refundable.**