Simcoe County District School Board

Admiral Collingwood Elementary School

STANDARD CONSENT

1. **DESTINATION:** Intermediate Girls' Basketball Game – Nottawa Elementary School
2. **DATE OF TRIP:** Monday, November 25, 2019
3. **GRADE/GROUP:** Intermediate Girls' Basketball **TEACHER(S) IN CHARGE:** Mr. Kemsley, Mrs. Lashley
4. **DEPARTURE TIME FROM SCHOOL:** 3:15 pm
5. **ARRIVAL TIME AT SCHOOL:** Parent pick up from Nottawa following game
6. **TRANSPORTATION:** (Method) Parent Transportation **COST PER STUDENT:** None
7. **ADDITIONAL INFORMATION:** Meet at Nottawa after school. Dress for the sport, indoor shoes & red shirt. Bring a water bottle.

✂ **PLEASE DETACH AND RETURN ACKNOWLEDGEMENT FORM TO THE SCHOOL BY:** Monday, November 25, 2019

STUDENT AND PARENT/GUARDIAN ACKNOWLEDGEMENT FORM

While trips are supervised by the teaching staff, they involve activities beyond those of normal school programs. It is essential that parents/guardians counsel their children on the necessity for extra care and co-operation.

Please discuss with your student the importance of representing *Admiral Collingwood ES* in a safe, positive manner, demonstrating respect and following all instructions during the trip.

STUDENT PERMISSION:

My child, _____ has my permission to participate in the trip to:
Student Name

Intermediate Girls' Basketball (Destination) on Monday, November 25th (Date of Trip) n/a (School Cash Reference #)

_____ **Signature of Parent/Guardian**

_____ **Date**

VOLUNTEER INFORMATION:

(Volunteer Name) _____ is available to volunteer for this trip and is an approved volunteer.

Please note: There is ☐ a cost ☒ no cost for parents/guardians/volunteers for this trip.

CONSENT FOR A VOLUNTEER DRIVER TO TRANSPORT (IF APPLICABLE):

I grant permission for my child, _____ to be transported by a volunteer driver (employee, parent/guardian or other adult) approved by the principal or designate. Volunteer drivers are over the age of 21, have a valid driver's license, have provided a criminal record check and are adequately insured.

_____ **Signature of Parent/Guardian**

_____ **Date**