

1. **DESTINATION:** Creemore Public School
2. **DATE OF TRIP:** Thursday October 4, 2018
3. **GRADE/GROUP:** Cross Country Running Team **TEACHER(S) IN CHARGE:** Mr. Kemsley
4. **DEPARTURE TIME FROM SCHOOL:** 9:00 am
5. **ARRIVAL TIME AT SCHOOL:** 2:45 pm
6. **TRANSPORTATION:** (Method) Bus **COST PER STUDENT:** Nil
Bring water bottle, lunch, and dress appropriately for the sport and the weather.
Students may not leave with another parent unless there is written permission from their parent/guardian.
7. **ADDITIONAL INFORMATION:** _____

 **PLEASE DETACH AND RETURN ACKNOWLEDGEMENT FORM TO THE SCHOOL BY:** September 28th

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

_____ Creemore Public School

Destination

on Thursday October 4, 2018

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