



ST. PATRICK FINE ARTS ELEMENTARY SCHOOL

80 RIVERGREEN ROAD W. LETHBRIDGE, ALBERTA T1K 7Y1

PHONE: 403-327-4386 www.spfa.holyspirit.ab.ca

Twitter: @spfaschool #hs4

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PRINCIPAL - Kathy Jones-Husch ASSOCIATE PRINCIPAL - Carla Ferrari

UNITING THE ARTS AND GOSPEL VALUES FOR OVER 30 YEARS

April 9th, 2024

Dear Parents;

We will be going on a field trip to The Galt Museum on Tuesday, April 23, 2024. We will leave the school by 8:50 am and be at the museum from 9:15 am to 11:45 am to take part in the "Then and Now" program. It is a part of the 2 and 3 Social Studies curriculum. The bus will then pick us up and return to the school.

Parents are welcome to attend as volunteers but please note that, unfortunately, siblings are not allowed to participate with us on this field trip due to liability issues. We will need 4 parent volunteers.

Please dress your child for the weather including proper jackets and footwear. There is no cost for this field trip. Students who don't return their consent by the morning of the trip will stay at the school and receive supervision until the class returns.

Please sign and **return this form** to indicate your consent for your child to attend this trip.

Thank you for your attention to this notice. If you have any concerns or questions, please call me at 403 327-4386.

Warm Regards,

Sydney MacRae

"Arise, shine, for your light has come, and the glory of the Lord has risen upon you." (Isaiah 60:1)

Learn Actively

Grow Spiritually

Live Creatively



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Field Trip Consent Form

I give _____ (your child's name) permission to attend the field trip to The Galt Museum on Tuesday, April 23, 2024.

Emergency Phone Number: _____

The following is a list of my child's medical conditions (including allergies, conditions requiring medication, etc.), a list of medication that my child must take and any special instructions regarding medication storage and administration:

If my child requires medical attention, I authorize the supervisors to seek necessary medical treatment.

Signature of Parent/Guardian

Date

I would like to be a parent chaperone on this field trip.

Parent name: _____

Parent emergency contact
information: _____

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