



ST. PATRICK FINE ARTS ELEMENTARY SCHOOL

80 RIVERGREEN ROAD W. LETHBRIDGE, ALBERTA T1K 7Y1

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

Twitter: @spfaschoo #hs4 Instagram/Facebook: @spfaschool

PRINCIPAL – Kathy Jones-Husch ASSOCIATE PRINCIPAL – Carla Ferrari

UNITING THE ARTS AND GOSPEL VALUES FOR OVER 30 YEARS

April 30, 2024

Dear Parents,

On Tuesday, **April 30, 2024** the grade four classes will go on a field trip to the Lethbridge Waste and Recycling Centre.

Tuesday, April 30 from 9 - 11:30 am

Lethbridge Landfill - Too Good to Waste

Curriculum Link: Science - Waste in Our World Unit

- Students go via school bus both ways
- Wear runners, hat, and dress appropriately for the weather
- Bring a water bottle and a snack
- 7-8 Parent Volunteers needed

Parents are welcome to attend as chaperones but please note that, unfortunately, siblings are not allowed to participate with us on this field trip due to liability issues.

There is no additional 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 us at (403) 327-4386.

Warm Regards,

Shelly Brydges, Carla Ferrari, and Stacy Skretting

“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 Lethbridge Waste and Recycling Center,

Emergency Phone Number: _____

The following is a list of my child's medical conditions (including allergies, conditions requiring medication, etc.), a list of medications 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 supervisor on this field trip.

Parent name: _____

Parent emergency contact information: _____

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