



ST. PATRICK FINE ARTS ELEMENTARY SCHOOL

80 RIVERGREEN ROAD W. LETHBRIDGE, ALBERTA T1K 7Y1
403-327-4386 www.spfa.holyspirit.ab.ca Social Media: @spfaschool, #hs4
PRINCIPAL – Kathy Jones-Husch ASSOCIATE PRINCIPAL – Carla Ferrari

UNITING THE ARTS AND GOSPEL VALUES - WE ARE CREATED TO CREATE

March 31, 2026

Dear Parents and Students,

The grade 6 classes are fortunate to have the opportunity to explore clay wheel and pottery at CASA on:

Monday, April 20 for 6L

Monday, April 27 for 6D

This trip will align with our art Program of Studies, giving students the opportunity to explore the creation of sculptural objects. On each day, the workshops will be from 9:00 to 12:30 with a 30-minute, mid-way flex/break where students may also visit CASA's art gallery.

Both classes will be traveling from the school to CASA by bus and will return to school by bus around 12:50 where they will have their lunch break a little later.

There is a fee of \$24 associated with this trip and should be paid through **School Cash Online** as soon as possible.

On their day, we ask that students **dress in old clothing**. Clay can be messy. Short nails and tied back hair will also make it easier to work with the clay on the wheel. If you have any questions or concerns, please do not hesitate to contact us.

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

Students who don't return their consent by the morning of the trip will stay at the school and receive activities and supervision until the class returns.

We also require one parent chaperone to join each class' workshop experience. If your schedule is open to join us, please indicate on the form below.

Sincerely,

Mr. Lidstone and Mrs. Davey



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Clay Workshop Field Trip Consent Form



I authorize _____ (name of student) to attend the field trip to CASA
for the Clay workshop on **Monday, April 20 for students in 6L**

Monday, April 27 for students in 6D

Please see required payment on School Cash Online.

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)

Emergency Contact Name: _____

Relation to student

Emergency Contact Number: _____

Please check if you are available to chaperone and we will contact you.

	Yes, I am available to chaperone for this workshop. I understand that this is not confirmation as if there are several parents available, a random draw will be done.
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