



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 FOR OVER 30 YEARS

September 22nd, 2026

Dear Parents,

On **Thursday, October 1st**, Mrs. Grisbrook and Ms. Miller's classes will go on a field trip to the Galt Museum. Written to complement the Grade 5 Social Studies curriculum, Students will discover many different archaeological sites in southern Alberta and explore what the sites tell us about the lives of people in the past. They will also examine how archaeologists collaborate with community members and rely on oral histories as evidence. The program will involve indoor activities only. We will be transported to and from the location by bus. Due to program size restrictions, the Grade 5 classes will be going to the museum at different times. The **5M** class will leave at **9:00 am**. **5M** will be there from **9:15 am to 10:45 am** and then return to school. The **5G** class will leave at **12:30 pm**. **5G** will be from **12:45 pm to 2:15 pm**.

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

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 us at (403) 327-4386.

Warm Regards,
Alanna Miller and Jessica Grisbrook



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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 October 1st, 2026

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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