



ST. PATRICK FINE ARTS ELEMENTARY SCHOOL

80 RIVERGREEN ROAD W. LETHBRIDGE, ALBERTA T1K 7Y1

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PRINCIPAL – Kathy Jones-Husch ASSOCIATE PRINCIPAL – Carla Ferrari

April 13, 2026

Dear Parents,

On Monday, April 27, 2026 the grade two classes will be going on a field trip to the Yates Theatre to watch the Troyanda Ukrainian Dancers. This educational performance will be in association with our Social Studies program that explores culture and traditions. We will be transported to and from the location by bus. The class will leave at about **9:10 am**. We will be there from **9:15 am – 11:15 am** and then return to school on the bus.

Please dress your child with proper footwear to participate in learning some dance steps - many are often invited on stage! 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 be supervised with activities to do until the class returns.

Please sign and **return this form** to indicate your consent for your child to attend this trip. Note the date on your family calendar, too.

For this trip, we may require only 1-2 parent chaperones (dependent upon staff availability). Ideally, you can ride the bus to and from the theatre. If you would like to chaperone, please indicate so on the field trip form. Someone will connect with you in advance to finalize plans. Thanks!

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

Warm Regards,

Brenda Forrest, Jenn Pellerin and Kathy Jones-Husch

St. Patrick Fine Arts School Field Trip Consent Form

I give _____ (your child's name) permission to attend the field trip to the Yates Theatre for Troyanda Dance on Monday, April 27, 2026 in the morning.

Emergency Contact Person's Name: _____

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 necessary, I authorize alternative transportation should the posted plan be unavailable.

Signature of Parent/Guardian

Date

I would like to be a parent supervisor on this field trip. Please contact me if that is possible.

Parent name (print) : _____

Parent contact information: _____
