



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 27, 2026

Dear Parents/Guardians,

We are excited to share that on **Wednesday, May 20th**, our Grade 5 classes will be attending a field trip to the Southern Alberta Art Gallery (SAAG). This experience supports our Fine Arts program and will provide students with an opportunity to explore art in a meaningful and engaging way.

During our visit, students will participate in a hands-on art activity in the Creativity Centre and enjoy a guided tour of the gallery.

Trip Details:

- Departure from school by bus: **9:15 a.m.**
- Time at SAAG: **9:30 a.m. - 11:15 a.m.**
- Return to school by bus: approximately **11:30 a.m.**

Each class will take part in separate programming, so we are looking for at least two parent/guardian volunteers per class to accompany us. If you are available and interested in helping, please contact your child's homeroom teacher.

There is no cost for this field trip.

Please note that students who do not return their signed consent form by the morning of the trip will remain at school and be provided with supervision.

If you have any questions or concerns, please feel free to contact us at (403) 327-4386.

Thank you for your support.

Warm regards,

Alanna Miller
Jessica Grisbrook

"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 Southern Alberta Art Gallery on Wednesday, May 20th, 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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