



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

January 12, 2026

Dear Parents,

On **Friday, February 6th, 2026**, the Grade 2F class will be going on a field trip to the Galt Museum. This educational tour will be in association with our Social Studies program and is called, "*Then and Now*". The program will consist of indoor activities inside the museum. The students will explore changes over time as they compare their own lives to the experiences of people in the past. Students will examine pictures, handle objects, and hear stories that highlight the great change and consistency that has occurred. The program addresses the following curriculum objectives:

We will be transported to and from the location by bus. The class will leave at **8:50 a.m.** We will be there from **9:15 – 10:30 a.m.** and then return to school.

Parents are welcome to attend as volunteers but please note that, unfortunately, siblings are not allowed to participate with us on this field trip due to liability issues. 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 me at 403-327-4386.

Warm Regards,

Brenda Forrest



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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 Friday, February 6th, 2026.

_____ Yes, I am able to attend the field trip as a volunteer.

This year anyone wishing to volunteer and/or chaperone at St. Patrick's must complete the "Holy Spirit School Division 2023/2024 Annual Volunteer Chaperone & Driver Registration" (online at <https://permission.click/bLYgj/ca>).

Emergency Contact 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:

Signature of Parent/Guardian

Date