



ST. PATRICK FINE ARTS ELEMENTARY SCHOOL 80

RIVERGREEN ROAD W. LETHBRIDGE, ALBERTA T1K 7Y1

PHONE: 403-327-4386 www.spfa.holyspirit.ab.ca

Twitter: @spfaschool #hs4 Instagram/Facebook: @spfaschool

PRINCIPAL – Kathy Jones-Husch ASSOCIATE PRINCIPAL – Carla Ferrari

UNITING THE ARTS AND GOSPEL VALUES FOR OVER 30 YEARS

December 1, 2025

Dear Parent/Guardians,

On Wednesday, December 10, 2025 the grade 6 classes will be traveling by bus to Lethbridge City Hall. This educational tour of City Hall directly links to our Grade 6 Social Studies outcomes pertaining to the function of a democratic government. The students will have a guided tour of City Hall and council chambers. They will have an opportunity to ask questions of one of our local council members too! This program will be about 1.5 hours and will take place inside City Hall. The bus will transport us to and from City Hall leaving the school at 9:15 am and returning at about 11:15 am.

There is no cost for the field trip. Students must return this form prior to December 8 or they will not be allowed to participate in the trip due to liability issues. Those students will do alternate learning in the office for the morning.

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 questions or concerns, please call me at 403-327-4386.

Sincerely,

Carolyn Davey Derek Lidstone

"Arise, shine, for your light has come, and the glory of the Lord has risen upon you." (Isaiah 60:1)
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I give _____ (your child's name) permission to attend the field trip to Lethbridge City Hall on Wednesday, December 10, 2025

Emergency Contact Name _____

Emergency Contact 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 my child requires medical attention, I authorize the supervisors to seek necessary medical treatment.

Signature of Parent/Guardian

Date

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