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

October 20, 2025

Dear Parents,

On **Friday, November 14th, 2025**, 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 *SimLethbridge*. The students will recreate Lethbridge on a map as they learn how and why Lethbridge developed as it did. *SimLethbridge* uses mapping exercises to take students through Lethbridge's historical development in order for them to understand how and why it became the community it is today. The program will consist of indoor activities inside the museum. We will be transported to and from the location by bus.The class will leave the school at **8:50 a.m.** We will be there from **9:15-a.m.– 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 Galt Museum on Friday, November 14th, 2025.

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

____ No, I am unable to attend this time.

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**