



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 FOR OVER 30 YEARS

October 19, 2026

Dear Parents,

On Thursday, November 5th, Grade 5M will visit the Galt Museum and Archives to explore local stories from the First World War. Through real letters and diary entries, students will learn how soldiers and their families in Lethbridge experienced the war, connecting to our Language Arts and Social Studies learning about voice, perspective, identity, and community.

This program will take place **indoors**. Students will travel to and from the museum by **bus**. We will leave at **12:30 p.m.**, attend from **12:45 pm to 2:15 pm**, and return to school afterward.

We look forward to this valuable learning experience that brings history to life for our students!

Parents are welcome to volunteer as **chaperones**, but siblings cannot attend due to liability requirements. Please ensure your child is dressed appropriately for the weather, including a warm jacket and suitable footwear. There is **no cost** for this trip.

Students who do not return a signed consent form by the morning of the trip will remain at school under supervision. Please **sign and return the attached consent form** to allow your child to attend.

Thank you for your attention to this notice. If you have any questions or concerns, please contact us at **(403) 327-4386**.

Warm Regards,

Alanna Miller
Grade 5 Teacher



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Field Trip Consent Form

Grade 5 – Galt Museum and Archives

Date: Thursday, November 5th, 2026

I permit my child,

_____ (student's full name)
to attend the Grade 5 field trip to the **Galt Museum and Archives** on **November 5th, 2026**.

Emergency Phone Number: _____

Medical Information:

Please list any medical conditions (including allergies, conditions requiring medication, etc.), medications your child takes, and any special instructions regarding medication storage or administration:

If my child requires medical attention, I authorize the supervisors to seek necessary medical treatment on my behalf.

Parent/Guardian Signature: _____

Date: _____

Parent Volunteer Information

I would like to volunteer as a **parent supervisor** for this field trip.

Parent Name: _____

Phone number or email: _____