



SACRED HEART SCHOOL

59 WILSON STREET, HARTSDALE, NEW YORK 10530

TEL. (914) 946-7242 / FAX (914) 946-7323

WWW.SHSHARTSDALE.ORG

Mr. Christopher Siegfried
Principal

Rev. Michael Moon
Pastor

PARENTAL REQUEST FOR CHILD'S PARTICIPATION IN A SCHOOL SPONSORED FIELD TRIP

January 10, 2019

Dear Principal,

Please allow my child, _____ of Grade _____, to attend the field trip to **Homefield Bowl** which will be held on **Thursday, January 31, 2019**. The total cost of the trip is **\$9.00 (CASH ONLY – no checks please)** per student and is payable by **Thursday, January 24, 2019**.

Transportation to and from the above destination will be by **Academy Bus Company**. I understand that my child will leave the school at **8:45AM** and return by **12:00PM**. Students will have lunch at the school when they return. Students may dress down for this trip and they **MUST wear sneakers!** Students in Grades 5 -8 may bring in money for the snack bar and/or arcade; snacks will be provided to students in Grades K – 4.

I understand that the school authorities will take reasonable precautions against accident, personal injury, and loss of, or damage to, property while going to, from, and at the site of the trip, but they, the parish, the Catholic School Region and/or the Archdiocese of New York, as the case may be, are not assuming any legal liability for any such occurrence except any liability based on their failure to take such reasonable precautions.

Parent Signature

Telephone

Home Address

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME _____

RELATIONSHIP _____

PHONE NUMBER _____

*** ALL PERMISSION SLIPS AND MONEY ARE DUE TO THE OFFICE NO LATER
THAN THURSDAY, JANUARY 24, 2019!!!!**