



St. Mary of the Assumption High School

237 South Broad Street, Elizabeth, NJ 07202

(908) 352-4350

www.stmaryhsnj.org

FIELD TRIP PERMISSION FORM

I _____ hereby give my child _____
Parent/Guardian Name of Student

To attend the following field trip with St. Mary of the Assumption High School.

Date of Trip: FRIDAY, JANUARY 18, 2019

Trip Desitnation: MCCARTER THEATER, PRINCETON, NJ "WE SHALL OVERCOME"

Time of Departure: 8:30AM **Time of Return:** 2:00PM

Supervisor/s: MRS. VOSS, MS. LOHSEN, MRS. CIRILLO, MRS. VACCARI, MR. REECE

Transportation: ST. MARY'S SCHOOL BUS

Student Cost: NO COST – LUNCH WILL BE PROVIDED UPON RETURN TO SCHOOL

CHECK ONE:

_____ My child has no physical limitations or medical conditions that will limit his/her participation in this activity

_____ My child has a medical condition and/or physical limitation that may affect his/her participation. A written permission form from his/her doctor is attached.

I understand the student will be under school supervision; however, the school and those in charge will not be held responsible in case of an accident. I further understand that my child must abide by the guidelines established by the moderator and the school administration.

Parent/Guardian Signature _____ Date _____

Phone number where Parent/Guardian can be reached _____

Emergency Contact Name: _____

Emergency Contact Phone: _____