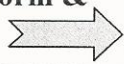


2ND GRADE ONLY

DUE: Tuesday, March 21st
COST: \$14 per student
Complete this side of form & Lunch Menu on back 



PARENTAL FIELD TRIP AND TRANSPORTATION NOTIFICATION AND LIABILITY WAIVER

We, as parents or guardians of _____
(Student's name)

request that our son/daughter to attend the **Indianapolis Children's Museum** field trip being planned by Kim Delaney on **Wednesday, April, 26th from 8:05 to 2:50**. The purpose of this field trip is to provide an opportunity to make connections and practice skills learned in Social Studies and Science.

We, as parents/guardians of the undersigned minor(s), hereby consent and agree to hold harmless, St. Mary Cathedral School/Parish and/or the Roman Catholic Diocese of Lafayette-in-Indiana, Inc., and any and all employees or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with the activity and our child's participation in the event and any transportation necessary to participate in the aforementioned activity. We understand that our child/ren will be assigned to ride with a licensed adult driver, driving a privately-owned automobile, or school bus and that this assignment will be made by the aforementioned teacher/faculty advisor.

I give my permission for my son/daughter, in case of an emergency, to be taken to a physician or hospital by either a parent in charge or by parish personnel. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the parish member in charge or adult chaperon(s) to secure proper treatment for my son/daughter.

Permission Slip & payment are DUE no later the Tuesday, March 21st
Attach a check made payable to St. Mary School

Cost per student: \$14.00 (\$4 bus, \$5 admission & \$5 lunch)

Complete Lunch Menu on back

If you have a membership, please write the name and number here and deduct charge for admission (\$5) from the total due: _____

Membership #

Name

YES, I will be a chaperone. My \$7.50 admission is included. Name: _____

YES, I want a lunch which costs \$7.00. **Complete Lunch Menu on back** ===>>


Parish Representative Signature: Kim Delaney Date: 3/10/17

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Permission slip & payment are due no later than Tuesday, March 21st.
Attach a check made payable to St. Mary School for the total due.

(If the cost is a hardship, please contact the school for help.)

Over 

Children's Museum Lunch Order Form

Student: _____ Teacher: _____

Student Lunch: (lunch includes chips, a cookie & a drink)

Circle a lunch:

Hot Dog

Cheeseburger

Circle a drink:

White Milk

Chocolate Milk

Juice Box (fruit punch)

Water Bottle

Adult Lunch (optional \$7.00 each): (lunch includes chips & a drink)

Circle a lunch:

Grilled Chicken

Cheeseburger

Circle a drink:

Pepsi

Diet Pepsi

Sierra Mist

Water Bottle

Adult Name: _____