

St. Jude School
5940 Bridgetown Road
Cincinnati, Ohio 45248
Phone (513) 598-2100 Fax. (513) 598-2118

FIELD TRIP FORM

Date: _____
Grade: _____

Dear Parent(s),

There is a field trip planned for **Grades** ___ on _____ at

_____.

The buses will leave school at _____ **and return at** _____. In participating on this field trip it is to be understood that I must abide by the rules set forth by my school, teachers, Oak Hills School Bus System and designated place of field trip. Due to the responsibility of chaperoning a number of students, we find it advisable not to take younger siblings on this field trip.

- _____ No cost for this field trip
- _____ Cost for field trip (admissions etc.)
- _____ Chaperones are needed (**Chaperones must be fingerprinted through the Archdiocese of Cincinnati and have taken the Child Decree Orientation**)
- _____ Chaperones are not needed

Lunch for the day: _____
PLEASE CLIP AND RETURN THE SLIP BELOW. KEEP THE TOP HALF TO REMIND YOURSELF OF THE DATE AND SITE OF THE TRIP.

PAPERS DUE ON _____ **NO EXTENSIONS WILL BE GIVEN.**

Dear _____

I am requesting that my child _____ take part in the field trip

to _____ on _____.

_____ I can help chaperone if needed (**Chaperones must be fingerprinted through the Archdiocese of Cincinnati and have taken the Child Decree Orientation**)

_____ I am not able to help chaperone

I give my permission for my child to attend this field trip.

Parents Signature: _____

Students Signature: _____

TELEPHONE NO.: _____ DATE: _____