

1. **DESTINATION:** _____
2. **DATE OF TRIP:** _____
3. **GRADE/GROUP:** _____ **TEACHER(S) IN CHARGE:** _____
4. **DEPARTURE TIME FROM SCHOOL:** _____
5. **ARRIVAL TIME AT SCHOOL:** _____
6. **TRANSPORTATION:** (Method) _____ **COST PER STUDENT:** _____
7. **ADDITIONAL INFORMATION:** _____

✂ **PLEASE DETACH AND RETURN ACKNOWLEDGEMENT FORM TO THE SCHOOL BY:** _____

STUDENT AND PARENT/GUARDIAN ACKNOWLEDGEMENT FORM

While trips are supervised by the teaching staff, they involve activities beyond those of normal school programs. It is essential that parents/guardians counsel their children on the necessity for extra care and co-operation. Please discuss with your child, the importance of representing Hyde Park P.S. in a safe, positive manner, demonstrating respect and following all instructions during the trip.

If your family is in need of financial support for this trip, please contact the office at Hyde Park P.S. to make a payment arrangement.

STUDENT PERMISSION:

STUDENT NAME: _____ **CLASSROOM TEACHER:** _____

My child, has my permission to participate in the trip to: _____
(Destination)

on _____ \$ _____
(Date of Trip) (Payment Enclosed) cheque cash online
(Method of Payment)

Signature of Parent/Guardian

Date

VOLUNTEER INFORMATION:

(Volunteer Name) _____ is available to volunteer for this trip and is an approved volunteer.

Please note: There is a cost no cost for parents/guardians/volunteers for this trip.

CONSENT FOR A VOLUNTEER DRIVER TO TRANSPORT (IF APPLICABLE):

I grant permission for my child, _____ to be transported by a volunteer driver (employee, parent/guardian or other adult) approved by the principal or designate. Volunteer drivers are over the age of 21, have a valid driver's license, have provided a criminal record check and are adequately insured.

Signature of Parent/Guardian

Date