

**St. Thomas More School
788 Ohio Pike
Cincinnati, OH 45245**

FIELD TRIP PERMISSION FORM

Teachers: **Mrs. Jaehnen and Ms. Mulvey**

Grades: **Kindergarten**

Destination: **Greenacres**

Address: **8255 Spooky Hollow
Cincinnati, OH 45242**

Phone: **513-891-4227**

Purpose: **Science outdoor education**

Date: **Thursday, October 5**

Method of Transportation: **West Clermont Bus (provided by PTO)**

Departure from School: **8:45 am**

Return to School: **1:15 pm**

Meals: **packed lunch and drink (no pop)**

Dress Code: **STM red cardinal t-shirt with jeans. Dress for the weather.**

Cost per Student: **Free**

Emergency Phone Number where students can be reached: 513-753-2540

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PLEASE COMPLETE AND RETURN THIS PORTION TO SCHOOL

I hereby request that my child _____ who is in homeroom ____ be allowed to participate in the field trip to Greenacres .

I agree to hold harmless the staff of St. Thomas More School and its employees and volunteers and the Archdiocese of Cincinnati from all liability arising from or related to any illness or injury incurred by my child while participating in or traveling to or from this activity. I understand that my child is obligated to cooperate with all staff and volunteers assisting or directing this activity or transportation.

Parents' Emergency Phone Numbers _____ or _____

Parent/Guardian Signature _____