

St. Thomas More School
788 Ohio Pike
Cincinnati, OH 45245
FIELD TRIP PERMISSION FORM

Teachers: **Miss Peltz and Mrs. Edwards**

Grade: **3**

Destination: **The Children's Theatre of Cincinnati at the Taft**

Address: **317 East 5th Street**
Cincinnati, Ohio 45202

Phone: **(513) 232-6220**

Purpose: **Casper The Musical, Charlie Brown Christmas, Annie Jr., and Matilda**

Date: **Monday, October 21, Wednesday December 11, Monday March 9, and Thursday April 30**

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

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

Return to School: **11:20 am**

Meals: **Pack or Buy** (*will return in time for lunch at STM*)

Dress Code: **school uniform**

Cost per Student: **\$24.00 (no cash, check payable to STM)**

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 **Taft Theatre**

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 _____