

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

Teachers: **Mrs. Edwards, Ms. Waller, Mr. Bonnici**

Grades: **6th and 7th**

Destinations: **Camp Joy**
10117 Old 3C Highway
Clarksville, Ohio 45113 937-289-2031

Purpose: **Using team building and problem solving skills to further students' math, science, social studies and language learning.**

Date: **Monday, Mar 4, 2024 - Wednesday, Mar 6, 2024 (overnight)**

Method of Transportation: **Petermann Bus (provided by PTO)**

Departure from School: **9:30 am March 4 (Report to cafeteria between 7:30-8:00 to drop off luggage then report to gym for Morning Prayer)**

Return to School: **1:00 pm March 6 (Student must be picked up behind Heider- NO latchkey or bus services)**

Meals: **Provided - 2 breakfast - 2 lunch - 2 dinner**
students need to pack a brown bag lunch for Monday 3/4
(brown bag lunch available for purchase through the cafeteria)

Dress Code: **Appropriate comfortable clothing - pack list included**

Cost per Student: **\$350.00 per student (billed through parent FACTS account)**

Risk of Release Form: **<https://forms.office.com/r/RMU11ucmUp>**

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 **Camp Joy March 4-March 6, 2024.**

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 _____

Adult picking up at 1pm on Wednesday 3/6: Name _____ Relationship _____