

Today's Date:



909 Lonsdale Avenue
Central Falls, RI 02863
401-728-6230

Dear Parent/Guardian:

Your child will be participating in a school-sponsored field trip which requires transportation to a location away from the Academy. Details as follows:

Date of trip:

Destination:

Departure time:

Return time:

Cost per child:

Dress:

Transportation:

Note/Comments:

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent/guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

I hereby consent to participation by my child _____, in the event described above. I understand that this event will take place away from school property and that my child will be under the direct supervision of the designated school employee on the above date. I further consent to the conditions stated above on participation in this event, including the method of transportation. I hereby release St. Elizabeth Ann Seton Academy and its agents or employees from any legal and all liability arising in connection with this activity.

Parent/Guardian Signature

Emergency Telephone #

Date:

Amount Enclosed (if applicable)

ALL FORMS MUST BE RETURNED BY: