

**St. Andrew Academy**  
7724 Columbine Drive  
Louisville, KY 40258  
502-935-4578

**Field Trip Permission Form**

I REQUEST THAT ST. ANDREW ACADEMY ALLOW MY SON/DAUGHTER TO PARTICIPATE IN THE FOLLOWING FIELD TRIP. I GIVE MY PERMISSION FOR (SON/DAUGHTER NAME) \_\_\_\_\_ TO ATTEND AND PARTICIPATE IN:

FIELD TRIP TO: \_\_\_\_\_

APPROXIMATE DEPARTURE TIME AND DATE: \_\_\_\_\_

APPROXIMATE RETURN TIME AND DATE: \_\_\_\_\_

PRICE (COST OF EVENT AND BUS): \_\_\_\_\_

CHAPERONES: \_\_\_\_\_

SCHOOL UNIFORMS MUST BE WORN: \_\_\_\_\_

JEANS MAY BE WORN: \_\_\_\_\_

BRING SACK LUNCH/DRINK: \_\_\_\_\_

BRING MONEY FOR RESTAURANT LUNCH: \_\_\_\_\_

PLEASE RETURN FORM BY THIS DATE: \_\_\_\_\_

WITHOUT THIS FORM YOUR CHILD WILL NOT BE PERMITTED TO PARTICIPATE IN THE FIELD TRIP.

\*\*\*\*\* NO LATE FORMS WILL BE ACCEPTED\*\*\*\*\*

IN CONSIDERATION OF THE MAKING OF ARRANGEMENTS FOR THE SCHOOL, I HEREBY RELEASE AND SAVE HARMLESS THE SCHOOL OF ANY AND ALL LIABILITY FOR ANY INJURIES, LOSS, OR OTHER CLAIMS ARISING OR RESULTING FROM THIS TRIP.

PARENT (S) SIGNATURE: \_\_\_\_\_