



**Frere Antoine**  
2850 Millwoods Rd NW  
Edmonton AB, Canada T6K 4A1  
780-463-2957

**Repetitive Events Field Trip Parent Permission Letter**

**Field Trip Name** SCHOOL AT THE LEGISLATOR

**Field Trip Activity** TOUR OF LEGISLATURE

After you have carefully read this letter, we ask that you sign and return **only the** "Parental Consent" portion to the school (the last page in this document). Please keep the remainder for your information and records.

**Field Trip Details**

Students will experience a week visit to the Legislature to learn about the Government. They will leave the school ground at 8:45 am and return at 2:45 pm pm everyday except thursday. Teachers will be responsible for theirs students.

**Activities**

Activity	Date	Time	Location	Address
Tour of the Legislature	10/21/2019	8:30 am till 2:30 PM	Alberta Legislature	107 street and 97 Avenue
Tour of the Legislature	10/22/2019	8:30 am- 2:30 pm	Alberta Legislature	107 street and 97 Avenue
Tour of the Legislature	10/23/2019	8:30 am till 11:45 am	Alberta Legislature	107 street and 97 Avenue
Tour of the Legislature	10/25/2019	8:30 am till 2:30 pm	Alberta Legislature	107 street and 97 Avenue

**Cost** The cost of the week visit is \$700:00 for the week.  
700 divided by 31 students= \$ 22:60  
The cost of the bus is subsidized by the program at the Legislature.  
Students will charge : \$ 22:60

**Program of Studies Specific Outcomes**

Local and Provincial Government As per Social Study curriculum, Democracy and Government unit (chap 5&6). This program meets all students expectations in the Alberta Learning Social Study. Students will have a tour, meet their MLA, interview the Lieutenant Governor and they will have a chance to be in sessions.

**Grades Attending** 6Z

**Course(s) Student(s) Registered In**

**Number of Attending Students** 31

**Number of Attending Administrators**           

**Number of Attending Teachers** 1

**Number of Non-Teaching School Staff** 0

**Number of Attending Volunteers** 3

**Lead Teacher and Contact** Armando Correia 780 463- 2957

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**Attending Administrators, Teachers, Supervisors and Volunteers**

Armando Correia ( T )

**Communication Plan**

The principal will be advised of any accidents, problems, unusual incidents or weather related concerns that may occur during the field trip. As well parents guardians will be contacted if health issues, injuries, or student conduct are a concern with their children.

**Method of Transportation** Yellow Bus

**Carrier Name** Cunningham

**Telephone #** 780 458- 3255

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**Safety Precautions** Students are to be in attendance with a teacher/ supervisor at all times

**Equipment Required** Students should bring : Lunch, bottle of water, pencils and journals, indoor/outdoor shoes.

**Clothing Required** Students will dress according to the weather. As part of the day will be outside.

**Risks - Inherent, special or unusual risks associated with the field trip**

Tour of the Legislature

TOUR OF LEGISLATURE

Weather related risks such as sunny/hot temperatures (Sunburn), high winds, rain, fog, snow, thunder storms, lightning.

Slip/Trip/Fall exposures relating to road/sidewalk conditions, pot holes, trees, stairs, parking lots, ramps, elevators, escalators, water pools.

Slip, Fall exposures with stairs, ramps, uneven flooring, dark areas, seating.

Motor traffic exposures such as crossing streets and intersections, side walk bike traffic, skate boarders, high traffic times, speeding vehicles, blind spots, crosswalks, railway crossings, bus stops, LRT, construction zones, etc.

All manner of injuries and/or death which may result in the transportation to and from the facility.


**Date Submitted for Approval** Aug 28, 2019

**Signatures**

  
**Principal (Signature)**

Nicole Beaudoin  
**Print Name**

Sept 3/2019  
**Date**

  
Lead Teacher and Contact  
(Signature)

ALZMANDO CORREIA  
Print Name

SEP 3, 2019  
Date

**Frere Antoine**

**PARENTAL CONSENT**

Parental Consent and Total Costs (if applicable) due by: **Oct 14,2019**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Field Trip Activity TOUR OF LEGISLATURE

Method of Transportation Yellow Bus

Please Indicate your fieldtrip payment method:

Cheque # \_\_\_\_\_ Cash \$ \_\_\_\_\_ Interact or Credit payment in office for \$ \_\_\_\_\_ Online Payment for \$ \_\_\_\_\_

Additional Information / Explanation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL CONDITION**

The following is a list of my child's medical conditions (including allergies, conditions requiring medication, etc), a list of medication that my child must take and any special instructions regarding medication storage and administration.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have reviewed and understand the information provided in this Parent Permission Letter, I consent to my child partaking in the field trip(s) as described in the Parent Permission Letter and I agree that this planned activity is acceptable. I also acknowledge and agree that during the planned field trip(s), \_\_\_\_\_ (name of student) is to act in accordance of the School Act, District policy and rules as to student conduct.

I understand that pursuant to Administrative Procedures 260, no parent shall be reimbursed for the loss of any field trip monies if the field trip is cancelled or interrupted for any reason. This includes any form of deposit. However, a parent shall be reimbursed field trip monies if the field trip is cancelled or interrupted and the school has not provided said monies at the time of cancellation to any third party travel-related agency which assisted in organizing the field trip, and the related contract between the district and the agency or the insurance provider permits a refund of field trip monies in the circumstances.

I understand and agree that where circumstances arise during the field trip, such as changes in itineraries or adverse weather or road conditions, the Lead Teacher, in consultation with the Principal, may make changes in itineraries and travel/arrival plans for my child. I understand that a reasonable effort will be made to advise me of such a change.

If my child requires medical attention, I authorize the supervisors to seek necessary medical treatment / intervention in the event of an emergency.

Parent signature: \_\_\_\_\_ Name \_\_\_\_\_ Date: \_\_\_\_\_

Relationship:  Mother  Father  Other Legal Guardian

**Emergency Parent Contact and Phone Number** \_\_\_\_\_