

CATHOLIC SCHOOLS WEEK 2010

Activity Afternoon – Friday, January 29, 2010

- Options:
- | | |
|------------------------------|---|
| Gym Bin | PK – K |
| Swimming (BSU) | K – 8 |
| Ice Skating (BSU) | K – 8 |
| Dance (1 st City) | K – 8 |
| Bowling | first 50 students beginning with upper grades |
| Movie (at St. Philip's) | K – 8 |

Student Name	Classroom	Activity Choice 1/2
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Chaperones:

I would be glad to chaperone _____ (activity) on Friday, January 29.

Name: _____ Phone: _____

(All chaperones must have received Safe Environment Certification)

PARENTAL PERMISSION TO PARTICIPATE IN ACTIVITY AFTERNOON

By signing this form, I, parent / guardian, certify that I request and give permission for my child / ren:

_____, _____,
_____, and _____ to

participate in St. Philip's School's activity afternoon on Friday, January 29, 2010.

I have read the attached letter explaining activity afternoon and have discussed it with my child / ren. I have instructed my child / ren to follow all rules and regulations set by the school, the business places, and the transportation department of ISD #31, and to stay in designated areas at all times. I release the teachers, principal, chaperones, St. Philip's School and Parish, and all persons involved from liability and waive any claims against them.

(signature of parent / guardian)

(date)

Please complete the other side of this form, too. Thanks.

