

**Please return this
form by**

**KINGSTON CATHOLIC SCHOOL
159 BROADWAY
KINGSTON, NY 12401**

Date: _____

Dear Principal:

Please allow my child _____ of grade _____
to attend a field trip to _____
which will be held on _____.

Transportation from the above destination will be by _____.

I understand that my child will leave the school at _____ and
return at _____. The cost of the trip is: _____.

The dress code will be _____.

I understand that the school authorities will take reasonable precautions against accident,
personal injury and loss of, or damage to, property while going to, from and at the site of
the trip, but they or the Archdiocese of New York are not assuming any legal liability for
any such occurrence except any liability based on their failure to take such reasonable
precautions.

PARENT SIGNATURE

HOME ADDRESS

TELEPHONE

Date:

In case of accident or serious illness, I request the school to contact me. If the school is
unable to reach me, I hereby authorize the school to make whatever arrangements seem
necessary to provide for medical attention for my child.

(Parent/Guardian Signature and Phone #) _____

If the cost of this trip will prevent your child from attending, please call Mrs. Albert at 331-
9318.