

ST. THOMAS AQUINAS HIGH SCHOOL

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the employees of St. Thomas Aquinas High School. A brief description of the activity follows:

Activity: Campus Ministry's LENT RETREAT 2026

Destination: St. Thomas Aquinas High School

Designated Supervisor(s) of Activity: Mr. Michael Lewon, Fr. David Keyes, and other STA Faculty

Date and Time of Departure: Friday, March 6 (drop off at 6pm at the Main Entrance)

Time of Return: Saturday, March 7 (pick up at 11:30am at the Main Entrance)

Method of Transportation: N/A – Remaining at School for the night

Cost of Trip: \$30 (covers program and food) – please bring pillow/sleeping bag/toiletries to sleep over – no showers

I hereby request participation by my child _____ in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

I give designated chaperones my permission to take my child to the hospital if a situation arises necessitating medical evaluation.

I also understand that in the event of misconduct by my child, he/she will be withdrawn from the activities of the day, and I will be immediately notified of further disciplinary action. I further understand that school representatives are NOT permitted to dispense medication.

Please complete, sign and return the following statement of consent, notary authorization, and release of liability. As a parent or legal guardian, you remain fully responsible for any legal liability that may result from any personal actions taken by the named student. **Your signature also authorizes the school notary, Ms. Denise Butvilla, to notarize this permission form.**

Emergency Phone: _____ **Home Phone:** _____ **Work Phone:** _____

Parent/Guardian Insurance Carrier: _____ **Insurance Policy No:** _____

Parent's Employer: _____

Any Medical Conditions: _____

Student Number _____ **Parent's Name (Print)** _____

Homeroom No: _____ **Parent's Signature** _____ **Date** _____

PLEASE RETURN THIS FORM TO Room 106 (Advent Retreat) **ON OR BEFORE** Friday, February 27, 2026

Notary Signature/Seal _____ **Date** _____
(Completed by Ms Denise Butvilla)

Teachers: Submit a copy of the roster and permission slips to the administration prior to your trip.

Special Referral Discount Rules and Instructions

In the space below, please write down the names of up to 3 people that you have referred/invited to this retreat. **You will receive a \$10 refund for each (up to 3) person you have referred who has signed up and turned in payment for retreat.**
Note: You may not refer one another mutually.

To confirm, you must also put down the name of the person (if any) who referred you to assure that there are no duplicate referrals.

People I referred:

1. _____

2. _____

3. _____

Did someone refer me?

Circle Y / N

If Y, then who? _____