

Holy Savior Catholic Academy
 4640 E 15th Street North
 Wichita, Kansas 67208
 316/684-2141



To: Parents/Legal Guardian of Battle of the Books Team
 From: Dr. Shropshire, Principal
 Holy Savior Catholic Academy

We have arranged for your child/children to participate in a planned field trip to: **Battle of the Books Competitions**

Trip Information:	4/4/18 – St. Joseph – 139 S Millwood, Wichita
Unit of Study, standard or activity associated with trip	4/18/18 – St. Patrick – 2023 Arkansas, Wichita
Specific objectives of trip	5/2/18 – St. Patrick's – 630 Avenue D West, Kingman
<i>Follow-up classroom discussion follows each field trip</i>	

Date of Trip: **April 4 (St. Joe); April 18 (St. Patrick's ICT); May 2 (St. Patrick's Kingman)**
 Departure Time: **In-town trips, departure is 3:15; Kingman competition departure is 2:30p**
 Return time: **6:00 p.m. for in-town competitions; approx.. 7:00 p.m. for Kingman competition**

Type of Transportation: Teacher vehicles	Other Important Information:
Cost per Student: FREE	
Teachers/Sponsors Supervising Trip: Ms. Abair and Mrs. Clark	

Reasonable care will be taken by the supervising personnel to ensure the safety of your child. However, it is essential that you, as a parent/legal guardian give written permission for your child to participate in this activity. Therefore please sign below and return to the teacher no later than **1/4/2018**.

Field Trip Approval: *[Signature]* August 25, 2017
 Principal's Signature Date

Return bottom portion of this permission – Retain top portion for your Information

PERMISSION RELEASE & WAIVER

Battle of the Books Team

I hereby give my express permission as apparent (legal guardian) for my child/children to participate in the described field trip. I have read and completely understand the arrangements. I hereby release Holy Savior Catholic Academy, Holy Savior Catholic Church, and the Catholic Diocese of Wichita a corporation sole, and their agents, employees and principals, of any and all liability, claims demands, action and causes of action whatsoever, arising out of or related to any loss, or injury, that may be sustained by my child or children. I acknowledge receipt of this information sheet.

Parent or Legal Guardian Signature

Date