



Father Michael Troy Catholic Junior High School

3630 23 St NW
Edmonton AB, Canada T6T 1W7
780-471-1962

Local Field Trip Parent Permission Letter

Field Trip Name: Grade 7 STEM - UAlberta SEM Presentation
Field Trip Activity: VISIT TO A UNIVERSITY
Location / Destination: University of Alberta, 116 St & 85 Ave, Edmonton, AB T6G 2R3
School Travelling With: _____

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 be presenting their SEM findings at the U of A.

Table with 2 columns: Field Trip Details and Values. Includes Date of Field Trip (Start/End: Apr 23, 2026), Time of Departure (8:45am), Time of Departure from Venue (11:15am), Time of Return (11:45am), and Cost (\$5).

Program of Studies Specific Outcomes

7.SCI.S.PR.1 - Performing and Recording: Conducts investigations into the relationships between and among observations, and gathers and records qualitative and quantitative data

7.SCI.S.PR.1.1 - Researches information relevant to a given problem or issue (Unit A,B,D,E)

7.SCI.S.PR.1.10 - Organises data, using a format that is appropriate to the task or experiment (Unit D,E)

Grades Attending 7

Course(s) Student(s) Registered In

Science 7

Table with 2 columns: Category and Count. Includes Number of Attending Students (120), Number of Attending Administrators (2), Number of Attending Teachers (4), Number of Non-Teaching School Staff (0), and Number of Attending Volunteers (0).

Lead Teacher & Subject(s) Taught and Contact: Kandise Salerno (A)

Attending Administrators, Teachers & Subject(s) Taught, Supervisors and Volunteers

Jackie Belland (A), Sara Nestorovich (T), Clotilde Grijo (T), Jill DeGrace (T), Sarah Fox (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 Bus

Carrier Name Yellow - Cunningham Transport

Telephone # (780) 458-3255

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

Weather related risks such as freezing temperatures, high winds, snow, ice, sleet, rain, thunderstorms, lightning.

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

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

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

All manner of injuries resulting from use of equipment, materials or facilities.

All manner of injuries associated with participation in planned activities during the trip.

All manner of injuries resulting from the use of apparatus and equipment.

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

Date Submitted for Approval Apr 7, 2026

Signatures



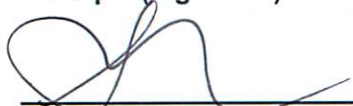
Principal (Signature)

K. SACELNO

Print Name

April 9 / 26

Date



Lead Teacher (Signature)

Sara Nestorovich

Print Name

April 9th 2026

Date

Fr. Michael Troy J.H. School

PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by: **Apr 20, 2026**

Student Name _____ Grade _____

Field Trip Activity VISIT TO A UNIVERSITY Start Date Apr 23,2026 End Date Apr 23,2026

Location University of Alberta
116 St & 85 Ave, Edmonton, AB T6G 2R3

Method of Transportation **Bus**

Please Indicate your fieldtrip payment method:

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 Education Act, Division 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 _____