



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: Spring Break Field Trip
Field Trip Activity: VISIT TO A MOVIE THEATRE
Location / Destination: Landmark Cinemas, 955 Tamarack Way NW, T6T 0X2
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

As part of our mid year field trip, the students will have the opportunity to watch Project Hail Mary (PG 13). Release date is March 20. Please watch the trailer to make sure you are comfortable with the content.

Project Hail Mary is a science fiction film based on the popular book by Andy Weir, who also wrote The Martian. The plot begins with scientist/teacher Ryland Grace (Ryan Gosling) waking up from a deep induced sleep to discover that he's the sole survivor on a spaceship in the middle of nowhere. As Ryland embarks on a riveting, adventurous journey in an attempt to find the solution to saving humanity, he builds an unexpected friendship. The movie is expected to include action scenes, explosions, and moments of tension and peril. Themes will likely touch on identity, isolation, and death, but also the power of self-confidence and connection as well as other inspiring messages. Please note that the concession will not be open for the purchase of additional items. A medium pop/popcorn combo can be pre-ordered and paid for on Powerschool for an additional \$14.50. Also, because the run time of the movie is 2 hours and 36 minutes, we will be returning to the school at about 12:15. Please make transportation arrangements.

Table with 2 columns: Field Trip Details and Cost. Includes dates (Mar 27, 2026), times (8:40, 12:00, 12:15), and cost (\$13.00 + optional \$14.50).

Program of Studies Specific Outcomes

It is recognizing the hard work that students have put towards their studies so far this year.

Grades Attending: Grades 7, 8 and 9

Course(s) Student(s) Registered In: _____

Number of Attending Students: 350

Number of Attending Administrators: 1

Number of Attending Teachers	<u>14</u>
Number of Non-Teaching School Staff	<u>4</u>
Number of Attending Volunteers	<u>0</u>

Lead Teacher & Subject(s) Taught and Contact Clotilde Grijó

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

Kathleen Lewis (T), Sara Nestorovich (T), Danielle Theberge (T), Sarah Fox (T), Reid Richard (T), Andrew Amell (T), Rod North (T), Jill De Grace (T), Bethany Eldon (T), Kiana Khonaissar (T), Jamie Belous (T), Dana Bodmer-Hoff (T), Clotilde Grijó (T), Callum Moore (T), Shiyama Lesley George (S), Ashley King (S), Amanda Good (S), Kristi Hall-Busque (S), and Kandise Salerno (A)

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 Cunningham

Telephone # 7804583255

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

All manner of injuries resulting from slip/trip/fall

Exposures relating to road/sidewalk conditions, pot holes, trees, stairs, parking lots, ramps, elevators, escalators, water pools.

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

Slip/Fall exposures with stairs, ramps, dark areas, seating.

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

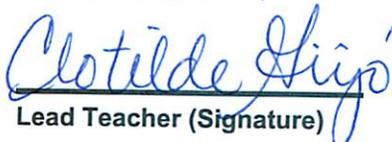
Date Submitted for Approval Feb 11, 2026

Signatures


Principal (Signature)

K. SALERNO
Print Name

Feb 11, 2026
Date


Lead Teacher (Signature)

C. GRIJO
Print Name

Feb. 11, 2026
Date

Fr. Michael Troy J.H. School
PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by: Mar 16, 2026

Student Name _____ Grade _____
 Field Trip Activity VISIT TO A MOVIE THEATRE Start Date Mar 27, 2026 End Date Mar 27, 2026

Location Landmark Cinemas
 955 Tamarack Way NW
 T6T 0X2

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 participating 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 _____