



# 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 9 FAREWELL REHERSAL

**Field Trip Activity** VISIT TO A CHURCH

**Location / Destination** CORPUS CHRISTI ROMAN CATHOLIC CHURCH  
2707 34 ST NW EDMONTON AB T6T 1P5

**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

The students who are volunteering for the Farewell will go to the church in the morning for rehearsal time.

<b>Date of Field Trip</b>	Start: <u>May 14, 2026</u>	<b>Time of Departure</b> <u>9:30 a.m.</u>
	End: <u>May 14, 2026</u>	<b>Time of Departure from Venue</b> <u>11:20 a.m.</u>
		<b>Time of Return</b> <u>11:30 a.m.</u>
<b>Cost</b>	<u>Not Applicable</u>	

### Program of Studies Specific Outcomes

Religion

**Grades Attending** Grade 9

**Course(s) Student(s) Registered In**

**Number of Attending Students** 35

**Number of Attending Administrators** \_\_\_\_\_

**Number of Attending Teachers** 2

**Number of Non-Teaching School Staff** 0

**Number of Attending Volunteers** 0

**Lead Teacher & Subject(s) Taught and Contact** Jamie Belous 780.471.1962

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

Jamie Belous (T) and Sara Nestorovich (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** School transporter

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

Weather related risks such as freezing temperatures, high winds, snow, ice, sleet, rain, fog, thunder, storms, lightning, sunny/hot conditions.

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

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

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

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

**Date Submitted for Approval** Apr 17, 2026

**Signatures**

  
\_\_\_\_\_

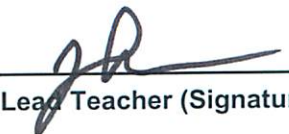
Principal (Signature)

K. SACERNO

Print Name

April 17 / 26

Date

  
\_\_\_\_\_

Lead Teacher (Signature)

J. Belous

Print Name

Apr. 17, 2026

Date

**Fr. Michael Troy J.H. School**

**PARENTAL CONSENT**

Parental Consent and Total Costs (if applicable) due by: **May 7, 2026**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Field Trip Activity VISIT TO A CHURCH Start Date May 14,2026 End Date May 14,2026

Location CORPUS CHRISTI ROMAN CATHOLIC CHURCH  
2707 34 ST NW EDMONTON AB T6T 1P5

Method of Transportation School transporter

Cost Not Applicable

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 \_\_\_\_\_