Northern Lights PUBLIC SCHOOLS	**PARENT APPROVAL FIELD TRIP FORM**	**F 260-3**

The information on this form is collected pursuant to the FOIP Act, Sections 33(c), 39 1(b) & 40 1(c) to be used to organize and coordinate a school field trip.

SCHOOL INFORMATION: School Name: __ JA Williams_____
Staff Member/Supervisor in Charge of Trip: Mr. Waine / Mr. Donovan / Ms. Patenaude

FIELD TRIP INFORMATION:
TRIP DESTINATION (Include overnight details if required): _
TRIP DATE(S): _Friday September 14, 2018_
CLASS(ES) or GRADE(S) INVOLVED: ___any student interested_____
PURPOSE OF TRIP: ***Northern Lights Public School Division Pow Wow 2018***
CHARGES TO STUDENT: ____none_____
RISK DETAILS: normal risks associated with highway travel on bus and attendance of outdoor public event.

SUPERVISION DETAILS:
Number of Supervisors to be taken on trip: 4
Contact Number for Supervisors: 780 404 9166

TRANSPORTATION DETAILS:
Method of Transport: Walking:_____ **OR**

Contracted Service:_____ Company Name:____Roadrunner Tours_____
Leased Vehicle _____School Owned Vehicle:__ Private Vehicle:_____Driver(s): Wally Diachuk
Route Details: **Ab-36S/AB-55E to township Rd 661A, left at Range Rd 134 and make left turn (please follow signs markers posted)**
Departure/Return Times: 9:00am departure from JAWS; 3:15pm return

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PARENT APPROVAL for:
STUDENT NAME:_____

NOTE: Parents must have ultimate authority in approving whether or not their child (if under the age of 18 years old) goes on the trip.

_____ I approve of my child's attendance on this field trip and the planning regarding this trip.

_____ I am prepared to volunteer for this trip as a supervisor.

_____ **Telephone Number** where I can be reached **on the day of the trip.**

Information about my child that field trip personnel need to know for this excursion:

(Medical or other) _____

DATE_____ 20_____ Parent Signature: _____

If you have any questions about the collection, use or disclosure of information collected on this form, please contact **your School's FOIP Coordinator** or the **NLSD FOIP Coordinator at 6005-50 Avenue, Bonnyville Alberta, T9N 2L4**. The phone number is (780) 826-3145 and fax is (780) 826-4600.