



Timothy Christian School

CLASS TRIP PERMISSION FORM

I hereby give permission for my child _____ to participate in the class trip as outlined below.

CLASS TRIP DETAILS

DATE: _____

TIME OF DEPARTURE: _____ TIME OF RETURN: _____

DESTINATION: _____

ACTIVITIES: _____

____ PLEASE SEND IN \$ _____ to cover the cost of the class trip. Cash, cheque, or e-transfer to *Timothy Christian School*.

I understand the following:

- a) All activities are organized by the school and adequately supervised by staff and qualified volunteers as required.
- b) Transportation will be by _____ private vehicles operated by qualified drivers.
 _____ rented bus.

___ I would like to transport students on this trip and have a current Vulnerable Sector Police Check on file at the school office.

My vehicle can accommodate _____ students/carseats/boosters.

I authorize the supervisor(s) to act as my agent to engage in medical care, as may be required.

Parents'/Guardians' Contact Information:

Parent's/Guardian's Name	Home Phone #	Cell Phone #
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Parent's/Guardian's Signature: _____ Date: _____