Our Lady of Sorrows Catholic Academy

35-34 105 STREET • CORONA, NY 11368 • 718-426-5517 • FAX: 718-651-5585 www.olscorona.org kbollinger@olscorona.org

Field Trip Release Form



Teacher's name:	Class:	
Date of trip:	Time:	
Destination:		
Expected time of return:		
Mode of transportation:		
Lunch:	Cost:	
Special features, events, etc.: _		
that the school allow my/our child to In consideration for the making of the	request o participate in the outing stated above. he arrangements for this trip, we hereby l and all its employees from any and all result of this trip.	
ANY ADULT GOING ON THE EXCEPTIONS.	IE TRIP <u>MUST</u> BE VIRTUS-CERTIFIE	ED. NO
Parent/guardian signature(s):		
	Date:	
	Date:	
*** Emergency contact: Name:	Phone #	
I would be willing to chaperon	e	
My child will not be goin understand he/she is expected i	ng on the above stated trip, and I in school.	
Parent/guardian signature:		