



SAINT PIUS TENTH SCHOOL
 3000 Chili Avenue
 Rochester, New York 14624-4598
 Telephone: (585) 247-5650 Fax: (585) 247-7409



PARENT/GUARDIAN PERMISSION TO PARTICIPATE

IN THIS ACTIVITY: _____

Date: _____

Place: _____

STUDENT NAME: _____

TEACHER: _____

I/We the parent(s)/guardian(s) of this student, request that Saint Pius Tenth School allow my/our student to participate in the activity/field trip described above.

I/We understand that this event will take place off the school grounds and that my/our student will be under the supervision of designated school employee(s) and/or volunteers on the stated date(s). I/We further consent to the conditions stated above for participation in this program, including the method of transportation.

Parent/Guardian Signature: _____ Date: _____

Relationship to student: _____

Parent/Guardian Contact Number(s) _____

O:\Sign out sheets forms\Field Trip Permission Slip.doc

THE CATHOLIC SCHOOLS OF MONROE COUNTY

Website: <http://www.saintpiustenthschool.org>

email: spxdcs@dor.org