



Saint Jeanne de Lestonnac School
32650 Avenida Lestonnac
Temecula, CA. 92592
951-587-2505

FIELD TRIP PERMISSION SLIP

To the Administration of Saint Jeanne de Lestonnac School:

I request that _____
Student Name Grade and School

The above named student may attend ***The 8th Grade Social Event at Saint Jeanne de Lestonnac Catholic School on...(circle below)***

Movie Night on July 12th from 7:30 pm – 10:00 pm in the grotto (Appropriate Jeans or Bermuda shorts, and T-shirt) – Bring your blanket to sit on.

Pool Party and Barbeque on July 26th from 1:00-4:30 pm at the SJDLs Pool - (Modest swim attire which includes a T-shirt over the suit for both boys and girls) –Bring your towel, sunscreen, goggles, pool toy)

Kickball and Pizza on August 9th from 5:00 pm – 8:00 pm at the SJDLs Field (Bermuda shorts, T-shirt, and Tennis Shoes)

I agree to direct my child to cooperate and conform to any directions and instructions of the supervisory personnel in charge of this event. Should it be necessary for my child to have medical treatment (including dental or hospital treatment) for this event, I hereby give the school personnel permission to use their judgment in obtaining medical service for my child. I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate. I agree that in the event my child is injured as a result of his or her participation in this event, through the negligence of the school, or any of its agents or related costs and expenses will first be had against any available benefit plan of mine or of my spouse.

PLEASE RETURN THIS SIGNED PERMISSION SLIP JUST PRIOR TO THE SPECIFIC 8TH GRADE EVENT

Parent/Guardian Signature Student Name Grade

Home Phone # Mother's Work # Father's Work #