Father Leonard Van Tighem

**Real Life Option 2017-2018**

As the end of the school year is upon us, the Real Life Option is planning on taking a few off campus field trips that involve either walking or taking a bus. For the rest of the year, we have planned to take a few field trips, these include: Northside Lethbridge Dodge, Catholic Central High School, Starbucks and the Interfaith Food Bank Garden. We are still working out the details on bussing and exact dates, but these field trips will take place between June 5 and June 21. The goal of these off campus activities is to acquire real life skills in different areas of life.

The school is not responsible for any losses in money or valuables while participating in Real Life activities. All behavior issues will be dealt with on a situational basis and if it is serious, no further field trips will be allowed, instead an alternate activity will be given.

If this permission form is not returned by June 5, the student will not be allowed to go off campus for these activities and an alternative assignment will be given.

Please sign all of the activities below on the proposed date, if there is a change of date, a notice will be sent home.

|  |  |  |
| --- | --- | --- |
| **Proposed Date:** | **Activity Planned** | **Signature** |
| June 7, 2018 | Northside Lethbridge Dodge |  |
| June 14, 2018 | Interfaith Food Bank Garden |  |
| June 19, 2018 | CCH |  |
| June 21, 2018 | Starbucks |  |

**Parental Permission – Please Print**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ my permission

to attend the above noted activities. I understand all of the stated above and that transportation will be by walking or the city bus and I consent to this. I also consent to having the supervisor give medical help when necessary, for example calling an ambulance if needed.

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_