Walter Payton College Preparatory High School

1034 N Wells

Chicago, Il 60610

P. 773-534-0034 F. 773-534-0034

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adv \_\_\_\_\_\_

Date of trip \_\_\_\_**6/2/17**\_\_\_\_\_\_\_Time \_\_\_\_**9:30am-2pm**\_\_\_\_\_

Destination and location of trip

**Adler Planetarium & LakeShore Dr**

Transportation **CTA – Bring card/money** Cost of event \_\_**$7.00**

Check lunch arrangements

Lunch at school \_\_\_\_\_\_\_ Bring a lunch \_\_**X\_\_** Buy lunch **\_**\_

 **Picnic Lunch before entering Museum**

My son/daughter/ward has my permission to attend the field trip indicated above. It is understood that a teacher will accompany the students. I authorize school personnel to act for me in any emergency, accident, or illness and release the Board of Education and the City of Chicago, it’s officers, members, employees, agents and volunteers from any liability or claims arising out of or in any way connected to this trip. I assume full responsibility for the actions of my son/daughter/ward while participating in this field trip. **STUDENTS WILL NOT BE INVOLVED IN ANY OPEN WATERS OR SWIMMING ACTIVITIES WHATSOEVER.**

Signature of parent/guardian Date

Emergency phone day/night

Home address

Please indicate any medical needs of which school personnel should be aware:

Walter Payton College Preparatory High School

1034 N Wells

Chicago, Il 60610

P. 773-534-0034 F. 773-534-0034

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adv \_\_\_\_\_\_

Date of trip \_\_\_\_**6/2/17**\_\_\_\_\_\_\_Time \_\_\_\_**9:30am-2pm**\_\_\_\_\_

Destination and location of trip

**Adler Planetarium & LakeShore Dr**

Transportation **CTA – Bring card/money** Cost of event $7**.00**

Check lunch arrangements

Lunch at school \_\_\_\_\_\_\_ Bring a lunch \_\_**X\_\_** Buy lunch **\_** \_

 **Picnic Lunch before entering Museum**

My son/daughter/ward has my permission to attend the field trip indicated above. It is understood that a teacher will accompany the students. I authorize school personnel to act for me in any emergency, accident, or illness and release the Board of Education and the City of Chicago, it’s officers, members, employees, agents and volunteers from any liability or claims arising out of or in any way connected to this trip. I assume full responsibility for the actions of my son/daughter/ward while participating in this field trip. **STUDENTS WILL NOT BE INVOLVED IN ANY OPEN WATERS OR SWIMMING ACTIVITIES WHATSOEVER.**

Signature of parent/guardian Date

Emergency phone day/night

Home address

Please indicate any medical needs of which school personnel should be aware: