



Walter Payton College Preparatory High School  
 1034 N Wells  
 Chicago, Illinois 60610  
 P 773-534-0034 F 773-534-0035



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 Chicago, Illinois 60610  
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Name of Student \_\_\_\_\_ Advisory \_\_\_\_\_

Date of trip: Friday, 11/18/2016 Time 9:00am -3:00pm

Destination and location Field Trip  
 1400 S Lake Shore Dr – Chicago Il

Transportation: \_\_\_\_\_ CTA \_\_\_\_\_ Cost of Event Bus Fare

Check lunch arrangements:

Lunch at school \_\_\_\_\_ Bring a lunch \_\_\_\_\_ Purchase lunch \_\_\_\_\_

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

\_\_\_\_\_  
 Emergency phone day/night

\_\_\_\_\_  
 Home address

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

Parent/Guardian: I can Chaperone this trip Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
 Name and phone/email of chaperone

Name of Student \_\_\_\_\_ Advisory \_\_\_\_\_

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 Signature of parent/guardian

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 Name and phone/email of chaperone