

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



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Name of student: _____ Adv _____
Date of trip 4/7/16 Time 9am-2pm
Destination and location of trip
Museum of Science & Industry 57th & LakeShore Dr

Transportation Bus Cost of event \$6
Check lunch arrangements
Lunch at school _____ Bring a lunch X Buy lunch X

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:

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