



FATHER LEONARD VAN TIGHEM, OMI, SCHOOL

25 Stoney Crescent West
Lethbridge, Alberta T1K 6V5
(403) 381-0953 · Fax: (403) 381-0906



Shannon Collier, Principal
Laurie Campmans & Justin Molas, Associate Principals

April 15, 2024

Dear Students and Parents,

On **WEDNESDAY, MAY 22** there will be a field trip to Lethbridge College's Aquaculture Centre of Excellence for all Agriculture Studies students. Below is a basic itinerary for the day:

- o 12:45 PM– School bus departs from FLVT for Lethbridge College.
- o 1:00 PM– School bus arrives at Lethbridge College and students begin tours.
- o 3:00 PM– School bus departs Lethbridge College to return to FLVT.
- o 3:15 PM – Students arrive back at FLVT.

While on the trip, students will be required to gather information required to complete an assignment pertaining to the Agriculture Studies course while touring the Aquaculture Centre, with the goal of gaining a deeper understanding of growth technology and conservation practices. Students who do not attend the field trip will be expected to complete an alternate assignment in school during the day of the field trip. The cost of the field trip will be **\$6**, which covers students' transportation to and from Lethbridge College. On the day of the trip, please have your child dress appropriately for the weather, wearing comfortable footwear to prevent slips, trips, and falls.

If you would like your child to take part in this activity on Wednesday, May 22nd, **THE ATTACHED FORM MUST BE FILLED OUT AND RETURNED NO LATER THAN MAY 8**, as arrangements need to be made in advance. We encourage parents to come along on the trip as chaperones, as 1 is required for our group. Thank you and if you have any questions feel free to contact me at the school at 403-381-0953.

Sincerely,

Andrea Tkach

Ms. Tkach

I hereby authorize _____ (student) in _____ (homeroom) to attend the **AGRICULTURE STUDIES LETHBRIDGE COLLEGE FIELD TRIP ON MAY 22** and I understand and consent to transportation by school bus. I also give consent for supervisors to seek medical treatment if necessary. The supervisors will make every effort to contact parents regarding any emergency as soon as possible. I also give permission to make changes in arrangements for student pick-up from the above activities if necessary.

Parent/Guardian Name (please print)

Signature of Parent/Guardian

Date

Emergency Contact

Phone Number

Relationship

The **\$6.00** fee for the trip has been paid: **School Cash Online (preferred)** **Cash**

The following is a list of my child's medical conditions (including allergies, conditions requiring medication, etc.) and a list of medication that my child must take and any special instructions regarding medication storage and administration:

Are you interested in being a chaperone on the trip? **YES** **NO**

If yes, please provide the following information so we can contact you and confirm a spot is available for you on the bus:

Name: _____ Contact #: _____

NOTE: Contact Ms. Tkach to ensure you are one of the chaperones that will be attending the trip.