



FATHER LEONARD VAN TIGHEM, OMI, SCHOOL

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

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

**HONEST
ACCEPTING
WISE
KIND
SPIRITUAL**

Dear Parents/Guardians,

June 3rd, 2024,

The grade three classes will be attending a field trip to the Movie Mill on Monday, June 24th to celebrate this year's wonderful accomplishments. Students will be transported by First Students Canada bus lines. We will leave the school at 9:10am and arrive at the Movie Mill at 9:30 am for the movie. At this time the Movie Mill is not able to tell us which movie will be playing or the exact time it will be ending. We will communicate this information with parents the week of the field trip once we have been made aware of the timing. While at the theater children will enjoy a snack tray while watching the movie. We will arrive back at the school before noon and will have our regular lunch at that time. The cost of this trip is \$13 in order to pay for the movie, bussing and the snack tray. Please make this payment on SchoolCash online. If you are interested in supervising this field trip please email the teachers as we will require supervisors. Parents would need to meet us at the venue as bussing will be limited.

Please fill out the following information in case we need to contact a parent/guardian while we are on the trip.

Name of parent/guardian: _____

Home #: _____ Work #: _____ Cell #: _____

Any relevant medical information (including medication):

Please return this permission slip as soon as possible. Please call (403-381-0953) if you have any questions.

Respectfully yours,

S. Alvarez

J. Koshuta

"Many Hands Building A Better World"

(Parental Permission)

I hereby give my child _____ permission to attend the Grade 3 Movie Mill Field Trip on Monday, June 24th and I understand and consent to the use of First Student Transportation buses for transportation. 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