



CHINOOK WINDS ADVENTIST ACADEMY

Off-Campus Excursion Permission Form

Excursion Destination: Grow Calgary

Grade(s): Grades K-12

<i>Date(s), Time(s):</i>	Monday, May 11, 2015 10:30 a.m. -12:45 p.m. - Grades K-3 students 12:50 - 3:10 p.m. - Grades 7-9 students Tuesday, May 12, 2015 10:30 a.m. -12:45 p.m. - Grades 10-12 students 12:50 - 3:10 p.m. - Grades 4-6 students
<i>Student Cost:</i>	Included in Activity Fees
<i>Supervision by:</i>	All Teachers and Staff (+ Parent Volunteers)
<i>Transportation:</i>	Charter Bus (Southland)
<i>Purpose of trip:</i>	Community Outreach

This program is completely authorized and supported by the CWAA School Board and all participants are fully covered by the Board's Insurance policies.

Please return this permission slip by:

I/We the undersigned, being the parent(s) of _____
of the City of Calgary, in the province of Alberta do, hereby, grant permission for said
student above to take part in this off-campus excursion.

I have enclosed \$ 0 for the cost of this program.

Parent/Guardian Signature _____ Date _____

In the event of an emergency please provide contact information.

Name: _____ Phone _____
Alternate _____
Contact: _____ Phone _____