

**Permission Slip
For
All School Serve Day**

Student's Name _____ Grade 9 10 11 12

House Mentor _____ T-shirt size _____

Allergies or work restrictions _____

_____ has my permission to leave campus on Thursday,
September 29, 2011 for SJA All School Serve Day.

The trip will be made in a school bus and the student will go and return by bus as stipulated by the school.

I agree on behalf of myself and my child our heirs, assigns, executors and personal representatives, to hold harmless and defend St. James Academy High School, the Roman Catholic archdiocese of Kansas City in Kansas, their officers, directors, agents, employees, chaperons and representative from any and all liability claims, loss or damages arising from or in connection with participation in this school field trip. To the best of my knowledge, my child is in good health and physically able to participate in this activity.

Parent or Guardian Signature

Date

Parent or Guardian Contact Phone Number

PLEASE RETURN THIS FORM TO THE SCHOOL