

STAMFORD CATHOLIC REGIONAL
SCHOOL SYSTEM

OUR LADY STAR OF THE SEA SCHOOL
1170 SHIPPAN AVENUE
STAMFORD, CT 06902

(Grades K-4)
SCHOOL TRIP PERMISSION FORM

I or We, as Parent(s) or Guardian(s) of _____
(print name of child)

Request that the school allow my (our) son/daughter/ward to participate in
Watching the movie "Up" during Catholic Schools' Week
(Activity or Nature of Trip)

on Wed. Feb 3rd, 2010

I or we hereby release and save harmless the Stamford Catholic Regional
School System and OLSS School of any and all liability for any and all harm
arising to my/our son/daughter/ward as a result of the above described
trip/activity.

I or we understand that the trip will be supervised by members of the faculty
of Our Lady Star to the Sea School. All transportation will be by properly
insured vehicles.

~~Transportation by:~~ This is a diocesan policy because
the movie is rated PG.

Parental Signature _____ Date _____

_____ Date _____

Guardian Signature _____ Date _____

Please sign and send back by Monday, Feb. 1st
or your child will not be able to participate.