



# ROCKY VIEW SCHOOL DIVISION NO. 41

## EXCURSION FORM

This is to advise you that Chestermere High School intends to involve your son/daughter in an off-campus activity the particulars of which are as follows:

**Purpose:** Music Performance and Clinics

**Destination:** Please note the underlined locations on the attached schedule

**Arranged Supervision:** 10 students: 1 chaperone

**Date(s) and Time(s):** TBA at TBA

**Transportation Plans:** Bus or parent supervised transportation

**Extraordinary Risks or Dangers:** No

**Costs, if any:** TBA

If you will permit your son/daughter to participate in this activity, please sign and tear-off the portion below and return it to the school.

If you require additional information, please phone the school at: -2728868

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(Tear off and return this completed portion to school)

### EXCURSION CONSENT FORM

Having understood and signed the Annual Authorization Form and having read and understood the particulars of this Excursion Form, I consent to and give permission for

\_\_\_\_\_ to participate in  
Music Department Scheduled Events

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Please Note:** No child will be allowed to participate in this tour unless this form is signed and returned to the school prior to the event.