St. Peter's Junior High School

Home of the Pythons

Munden Drive, Mount Pearl, NL, A1N 2T5
Telephone: 368-0189; Facsimile: 368-4806
https://spjh.nlesd.ca/

2025-2026

Dear Parent/Guardian,

_____ is participating in the _____at _____on _____.

Transportation and supervision information: _____

_____

_____

Students will be leaving the school at_____ and *should arrive back at the school by* _____.) The cost for this event is_____. Please pay _____on_____.

Please complete the form below if your child will be participating in this event.

SCHOOL ACTIVITY/TRIP: _____

DATE OF ACTIVITY/TRIP: _____

STUDENT DATA

_____

LAST NAME FIRST MIDDLE

_____

ADDRESS CITY

_____

POSTAL CODE TELEPHONE

_____

BIRTHDATE (DAY/ MONTH/ YEAR) GRADE

PARENT/GUARDIAN DATA

_____

LAST NAME FIRST RELATIONSHIP

_____

HOME PHONE# CELLULAR PHONE # WORK PHONE #

ALTERNATE CONTACT DATA

_____

LAST NAME FIRST RELATIONSHIP

_____

HOME PHONE # CELLULAR PHONE # WORK PHONE #

DONATION (Optional)

If you would like to make a donation so that students may attend this event and who would otherwise be able to attend, please indicate below:

- o I would like to make a donation to help students attend this activity. Amount $ _____.

PERMISSION/AGREEMENT

I hereby agree to allow my child _____ to participate in the school activity/trip indicated above. I acknowledge that my child is healthy and well enough to travel/participate in the above noted activity. I understand that _____(Teacher Sponsor) and/or _____(Coach) will represent the school at this event.

I hereby authorize the teacher sponsor/coach in charge of this trip to secure medical advice as may be deemed necessary for the health and safety of my daughter/son. Furthermore, I am aware that if my child is returned home from the field trip due to illness, accident or inappropriate behavior, I may be responsible for any additional costs incurred.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____