

Field Trip Information and Permission

As part of our school activities, the following field trip has been scheduled:

FIELD TRIP INFO

Location: Fun Run at Katy City Park,, 5720 Franz Rd, Katy, TX 77493	
Date: October 24, 2025	Deadline to return form: October 20, 2025
Time: Leave school: _____ Return by: _____	Cost: \$ 0 _____ (no refunds*)
Sack Lunch: Your child <input type="checkbox"/> will / <input checked="" type="checkbox"/> will not need a sack lunch. (If a sack lunch is desired/required, please complete the school's sack lunch form)	
Exact cash OR make checks payable to: Aristoi Classical Academy	
Additional Information	8:05-8:55 4th, 8:55-9:45 K, 9:45-10:35 3rd, 11:30-12:20 2nd, 12:20-1:10 1st. Location can accommodate parent spectators
Field Trip Dress Code	Regular Aristoi uniform dress code unless specified here: Students may wear Spirit wear and jeans or athletic shorts, athletic pants, and athletic shoes.

*Students may not participate in a field trip without consent from the parent/guardian.
Please note the above information on your calendar. **Deadlines are strictly enforced.** Thank you.*

(Please detach at the dotted line and keep the top Field Trip Info. Return the bottom portion by/before the deadline shown below.)

Return this permission slip to Homeroom by (deadline) October 20, 2025
 Student Name _____ Grade _____

My child, named above, has my permission to participate in the above-referenced field trip to:
 (location): Fun Run at Katy City Park,, 5720 Franz Rd, Katy, TX 77493 on (date): October 24, 2025
 Transportation will be via: school bus commercial bus passenger van other: _____

It is understood that neither Aristoi Classical Academy, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to the above named student as a result or any aspect of his/her participation on this trip.

I/we acknowledge that in case of an emergency, illness, or accident an attempt will be made to reach the emergency contact people I have listed. However, if no one can be reached, I authorize the school officials to take whatever action is deemed necessary in their judgment for the health of my child. I will be responsible for any costs in the event my child must be transported by ambulance.

Please note my child has the following allergies/ medical conditions and/or is currently taking the following medications (include time(s) & dosage):

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Two (2) emergency contacts:	Relationship	Contact phone number
1.		
2.		

My child and I are familiar with the Aristoi Classical Academy Student Code of Conduct and are in agreement that he/she will abide by all rules and regulations while attending this school function.

Parent chaperones are not necessary for this trip. Chaperone tickets cost \$ _____ at the gate/entrance.
 A limited number of chaperones may be needed for this trip. *If your assistance is needed, you will be contacted*

If contacted, please indicate your willingness to assist:

Yes I am available to serve as a chaperone. No I am not available for this field trip.

Printed name: _____ I can be reached via phone at _____

Parent/Guardian Signature _____ Date _____

***Money collected confirms for transportation and admission for the day of this field trip. No refunds.**