

## Extracurricular/Field Trip Permission Form



**SYMMES-D'ARCY MCGEE  
HIGH SCHOOL**

Dear Parent(s)/Guardian(s),

Graduating students from D'Arcy McGee High School are invited to celebrate the end of the school year with a special year-end trip to Montréal on Friday, June 5th. To mark this important milestone, students will spend the day at La Ronde amusement park, enjoying the rides, activities, and a well-deserved day of fun. There is no cost to students for this trip.

The excursion will proceed rain or shine, so students should dress appropriately for the weather. Students are encouraged to bring a packed lunch, and those wishing to purchase food or souvenirs at the park should bring a debit card, as La Ronde is a cash-free venue. Transportation to and from Montréal will be provided by bus.

Students will be assigned to a bus when they return their permission forms. Permission forms are due no later than **Tuesday March 31<sup>st</sup>**. Please note that we will be pre-purchasing tickets. Students who plan to attend **MUST** return their forms by the due date.

As this is a school-sponsored activity, students are reminded that the **WQSB Code of Conduct** and all school expectations remain in effect for the duration of the trip. We look forward to celebrating our graduates with a safe and enjoyable day.

- **Date: Friday June 5<sup>th</sup>, 2026**
- **Departure Time: 9am.**
- **Return time: 8pm**
- **Destination: La Ronde Amusement Park in Montreal, QC**
- **Transportation: Bus**
- **Cost: FREE**
- **Bring a Packed Lunch**

Please sign and return the bottom of this form to Ms.Furlotte or Ms. Brown no later than Tuesday March 31<sup>st</sup>, 2026.

**Ms. Brown and Ms. Furlotte**



### Permission Slip:

I give permission for my child, \_\_\_\_\_ to attend the  
(PRINT FULL NAME)

Extracurricular field trip to La Ronde Amusement Park in Montreal, QC on June 5<sup>th</sup>, 2026.

Health Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(PRINT FULL NAME)

Relationship to Student: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
(PRINT FULL NAME)

Signature: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_