

Mount Pearl Senior High



Principal – S. Barry
B.A., B.Ed., M.Ed.

Vice Principals – D. King
B.Sc., B.Ed., M.Ed.

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CONCORDIA CUM VERITATE

Telephone: (709) 364-8456
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PARENT/GUARDIAN FORM FOR FIELD TRIP/EXCURSION

Student's Name: _____

Address: _____

Postal Code: _____

Home Tel. #: _____ Emergency #: _____

Age: _____ Grade: _____

Medical Conditions and or allergies:

I, the undersigned parent/guardian of the above named student, agree for him/her to participate in a trip _____ on _____
(place or location) (date)

from approximately _____ am/pm to _____ am/pm to attend

Cost: _____

Signature of Parent/Guardian

Date