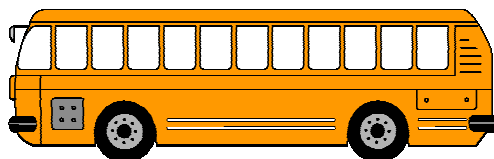


ACACIA ACADEMY

6425 S. Willow Springs Rd.
La Grange Highlands, IL 60525
708-579-9040



2009-2010 TRANSPORTATION - FIELD TRIP PERMISSION SLIP

STUDENT'S NAME: _____

TRANSPORT

I give Acacia Academy permission to transport the above named student in Acacia Academy vehicles and insured staff vehicles to designated places of class study, other than Acacia Academy classrooms.

I assume full responsibility for my son or daughter while traveling to and from, and during class time. I agree to keep medical insurance coverage current and in force. During school should an unavoidable accident occur (such as falling down stairs, a sports game injury at recess or PE, etc.) my insurance or myself will accept responsibility for any ambulance, emergency room, hospitalization, or follow-up physician visits, which result from this accident.

I will not hold Acacia Academy liable for any expenses incurred as the result of an accident.

FIELD TRIP PERMISSION

From time to time students may have opportunities to take a "field trip" off campus. If so, Acacia Academy limits its responsibility for the safety and welfare of the students by providing reasonable supervision by representatives of the school designated to supervise each activity.

SIGNATURE

Your signature below constitutes and is evidence of your agreement to the above and to limit and restrict any claim against Acacia Academy, any of its teachers, or representatives, arising out of any act or omission regarding your son's or daughter's participation in the activity and the transportation;

PARENT/GUARDIAN SIGNATURE:

DATE: _____