



HOUSE RETREATS PERMISSION FORM

Dear Parent or Legal Guardian:

Your student is required to participate in a school-sponsored retreat requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of authorized personnel from Lansing Catholic High School.

Name of Event: House Retreat
Destination: St. Therese of Lisieux Catholic Church
102 W Randolph St
Lansing, MI 48906
Date: See below
Departure: 8:00am or 8:28 am (meet in LCHS auditorium)
Return: 3:00pm (return to LCHS)
Designated Supervisors: Fr. Paul Erickson, Mr. Ben Pohl, and House adult leaders
Student Cost: Students must bring own lunch and beverage
Student Dress: Casual (Please consult the Handbook)
Note: No phones or devices are allowed during the retreat.
Emergency Phone Number: 517-267-2115
Transportation: School bus

To acknowledge that you are aware that your student will be participating in this event on one of the below dates, please complete, sign, and return the following statement of consent and acknowledgement. As parent or legal guardian, you remain responsible for any legal responsibility that may result from actions taken by the named student. Please sign the bottom portion and **return it to the main office or email it to ben.pohl@lansingcatholic.org**. This above portion is for your information.

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House Retreat Permission Form Thurs, Feb 21 - Tekakwitha (8:28 start)
Please check the box that corresponds Fri, Mar 8 - Frassati
to your child's house → → → → Fri, Apr 12 - de Porres

I hereby consent to participation by my son/daughter _____ in the above-mentioned House Retreat on the above date. I understand that this event will take place away from the school grounds and that my son/daughter will be under the supervision of the authorized school personnel as indicated below on the stated dates. I further consent to the stated conditions for participation in this event, including the method of transportation.

_____ *print parent's name*

_____ *parent's signature*

_____ *date*

_____ *emergency contact number during trip*

