

## PERMISSION SLIP FOR OFF-CAMPUS LEARNING EXPERIENCES

## ST. ELIZABETH SCHOOL

An important component of a St. Elizabeth School education is the opportunity for off-campus learning experiences including, but not limited to: field trips, community-based instruction, work-based learning experiences, Special Olympics and other sports opportunities, and reward trips. Students may be transported by bus, van, staff vehicles, or on foot.

Field trips- direct experience with topics students have covered in classes or incentive-based opportunities.

Community-Based Instruction- mobility training, use of public transportation, grocery and personal shopping, using public libraries, visiting potential job sites, and eating at restaurants are some of the experiences included in CBI.

Work-based learning experiences- off-campus work sites with local business partners.

Sports activities/Special Olympics events- off-campus for games and other events.

SES believes that these off-campus learning opportunities help generalize academic, therapeutic, and social-emotional skills as well as prepare students for success in the workplace and community. These experiences may take place during school hours, after school, on weekends or on school holidays. Personally-owned vehicles and staff drivers are necessary to allow SES students and staff to travel to and from sites.

Your consent below indicates your support for these valuable learning opportunities. I understand that this permission is valid throughout my child's school career unless formally withdrawn (may be withdrawn for individual events) and includes transport in personal vehicles when necessary.

| individual events) and includes transport | tili personal verileles when | Triccessary.                              |
|---|------------------------------|---|
|   | has my permission            | to participate in the St. Elizabeth Schoo |
| (Student name)                            |                              |   |
| off-campus learning experiences a         | as described above.          |   |
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|   |                              |   |
|   |                              |   |
| Parent/Guardian Signature                 |                              | Date                                      |
|   |                              |   |
|   |                              | ·   |
| Print Name                                |                              | Relationship to Student                   |