



# ÉCOLE CEDARCREST SCHOOL

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## **AUTHORIZATION FORM 2024-25**

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_

### **MILK PROGRAM PARTICIPATION AUTHORIZATION**

- Yes, I would like my child to receive milk  
 at school. No, I do not want my child to  
receive milk at school.

### **COMMUNITY OUTINGS PARTICIPATION AUTHORIZATION**

During the course of the year, teachers may take the class on short visits in the community, to the park or on a walk in the community related to a specific project.

Your permission now, will avoid numerous letters later. For all trips requiring bus transportation, individual authorisation letter will be sent home.

- I authorize the school to take my child on community outings.  
 I do not authorize the school to take my child on community outings.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date