



**PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT
OFF-CAMPUS FIELD TRIP AUTHORIZATION - PARENT PERMISSION FORM**

DEAR PARENT:

A trip is planned on (date) 10/2, 10/17, 10/24 to visit (destination) Adams Middle School, Dana Intermediate, MIS. If you wish your son/daughter to attend, please sign and return this consent slip to the school office prior to (date) ASAP by 9/30. Transportation will leave (school) PVIS at (time) 2pm and return at approximately (time) 5:45pm. If further information is desired regarding this trip, please contact (Name of Sponsor) KURT HAY at () - - - - - (x)

I give (student name) _____ permission to attend the activity. In case of emergency, I may be contacted at () - - - - - Parent/Guardian Signature _____ Date _____

METHOD OF TRANSPORTATION

- Bus Students will be walking _____
 No District transportation provided (NOTE: It will be the obligation of the parent/guardian to provide transportation to and from the activity.)
 Automobile, driven by one of the following (check one):
 Parent; Guardian; Self (must complete form F603); Volunteer (Forms 604 (a) and 604 (b) – see attached)

REQUEST TO BE OUT OF CLASS:

(To Be Completed _____ DAYS PRIOR TO THE DAY OF THE TRIP)

Student _____ Date _____

I request permission for this student to be excused from Period(s) 0 1
2 3 4 5 6 7 8 on (Date) _____ to attend
 (Activity) SPORTS

Signature of Teacher Making request: _____

Note - The parent should not give permission to participate in the trip until all teachers have initialed. A signature in the "No" column indicates that student's work does not justify his absence from that class. The decision to participate must be made by the parents and the student, keeping in mind the total school program of the student.

CLASS SCHEDULE

The teacher is to initial under "Yes" or "No" indicating acknowledgment of the absence.

| Period | Subject | Teacher | |
|--------|----------------------|---------|----|
| | | Yes | No |
| 0 | XXXXXXXXXXXXXXXXXXXX | | |
| 1 | XXXXXXXXXXXXXXXXXXXX | | |
| 2 | XXXXXXXXXXXXXXXXXXXX | | |
| 3 | XXXXXXXXXXXXXXXXXXXX | | |
| 4 | XXXXXXXXXXXXXXXXXXXX | | |
| 5 | XXXXXXXXXXXXXXXXXXXX | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |

VERIFICATION OF ATTENDANCE

(Student Name) _____ was on a field trip Period(s) 0 1 2 3 4 5 6 7 8 on (Date of Trip) _____

Teacher Signature: _____ Date: _____

**PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT
Acknowledgment of Student Understanding**

As a student participating in an extra- or co-curricula program/activity sponsored by the Palos Verdes Peninsula Unified School District, I agree to comply fully with all school, district, and state regulations pertaining to pupil behavior/conduct.

I understand that the school administration and/or faculty advisor/coach/sponsor has responsibility for supervision and control of all student participants in the specified program/activity and agree to follow their direction during the full duration of the participation period.

I further understand that I will be subject to immediate suspension, administrative transfer, and/or expulsion for any narcotics or alcohol involvement – whether it be for possession, use, and/or sale – as well as for violation of any school, district, *Education Code*, *Administrative Code*, or *Penal Code* provision relating to my behavior or conduct. In addition, I am aware that a violation(s) on my part will result in my being referred to the athletic or activity council at my assigned school for additional disciplinary action as appropriate.

I acknowledge that I have been given a copy of the current disciplinary guidelines governing student behavior and am aware of the consequences contained therein for the specified violations.

| | | |
|---|---|------------|
| Student Participant's Full Name (please print): _____ | Signature of Student Participant: _____ | Date _____ |
|---|---|------------|

Parent/Guardian Acknowledgment and Authorization

The above student is hereby authorized to participate in the field trips scheduled by the (Full Name of Group, Including School) _____ on the following date(s) _____

I have read the above acknowledgment of student understanding and, as the parent/guardian, am aware that violation of rules and regulations relating to student conduct and/or reasonable directives given by the faculty advisor and/or adult chaperone(s) will result, not only in the corrective actions outlined above, but, in the case of out-of-the-area and/or out-of-state field trips, immediate parent/guardian notification and return of the student at parent/guardian notification and return of the student at parent/guardian expense to his/her home via the next available transportation.

Permission is hereby granted to the faculty advisor and adult chaperone(s) to obtain medical or surgical care from a licensed physician for the student in the event of a serious accident or illness. I understand that every attempt will be made to contact me in any such medical emergency.

Pursuant to *Education Code* Section 35330, I hereby waive any claim(s) against the Palos Verdes Peninsula Unified School District for injury, accident, or illness occurring during or by reason of the field trip or activity specified above.

Signature of Parent/Guardian: _____ Date: _____

(NOTE: Out-of-state field trips require parent/guardian signature in presence of a school administrator)

Signature of Principal / Designee _____ Date _____