

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

DEAR PARENT: 1/21, 1/24, 1/28, 2/11 A trip is planned on (date) to visit (destination) son/daughter to attend, please sign and return this consent slip to the state of the	as MS, Ch	adwick, HVS, RIS	li	f vou wish vou
A trip is planned on (date) to visit (destination)	ho school o	ffice prior to (date) ASAP by 1/20	Transport	ation will leave
(school) PVIS at (time) 2PM and return this consent slip to the school) and return this consent slip to the school at (time) 2PM and return this consent slip this consent slip this consent slip this consent slip this conse	ne school o	= 5:45PM	I I alispoit	ation is desired
KIIPT HAY				
regarding this trip, please contact (Name of Sponsor)			at (_)
(x)		Para and American	_	
I give (student name)				
contacted at() Parent/Guardian Sign	ature		Date	
METHOD OF TRANSPORTATION Students will be we	alking			
☐ Bus☐ Bus☐ Bus☐ Bus☐ Bus☐ Bus☐ Bus☐ Bus			and from the	activity.)
☐ Automobile, driven by one of the following (check one): ☐ Parent; ☐ Guardian; ☐ Self (must complete form F603), ☐ Vol				
BEOLIECT TO BE OUT OF CLASS.		CLASS SCHEDU	LE	<u> </u>
REQUEST TO BE OUT OF CLASS: (TO BE COMPLETED DAYS PRIOR TO THE DAY OF THE	The teacher is to initial under "Yes" or "No" indicating acknowledgment of			
TRIP)	1	the absence. Teacher		
Student Date		Subject		Yes No
I request permission for this student to be excused from Period(s) 0		xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxx	
2 3 4 5 6 7 8 on (Date) to attend	1	xxxxxxxxxxxxxxxxxxxxxxxxx	(XXXXXXXX	
	2	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxx	
Signature of Teacher Making request:	3	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	4	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	 	
Note - The parent should not give permission to participate in the trip until all teachers have initialed. A signature in the "No"	5			
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.	0	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	*******	
	6			
	7			
	8			
(Student Name) was on a Teacher Signature:		Date:		
Todato Ograda .				-
PALOS VERDES PENINSU	LA UNIFIED	SCHOOL DISTRICT		
Acknowledgment of a student participating in an extra- or co-curricula program/activity sponsored by trict, and state regulations pertaining to pupil behavior/conduct.	f Student Ur the Palos Ver	nderstanding des Peninsula Unified School District, I	agree to comply	y fully with all sch
nderstand that the school administration and/or faculty advisor/coach/sponsor gram/activity and agree to follow their direction during the full duration of the parti	has responsit	vility for supervision and control of all s	student particip	ants in the spec
irther understand that I will be subject to immediate suspension, administrative			hal invalvement	t _ whether it he
ssession, use and/or sale — as well as for violation of any school, district, Ed nduct. In addition, I am aware that a violation(s) on my part wi ^{ll} result in my being ion as appropriate.	ucation Code,	Administrative Code, or Penal Code ;	provision relatin	ig to my behavio
cknowledge that I have been given a copy of the current disciplinary guidelines	governing stu	dent behavior and am aware of the con-	sequences con	tained therein fo
	Signature of Student Participant:		Date	
Parent/Guardian Acknow	vledgment	and Authorization		
e above student is hereby authorized to participate in the field trips scheduled by	he (Full Name			
ave read the above acknowledgment of student understanding and, as the pare d/or reasonable directives given by the faculty advisor and/or adult chaperone(s) and/or out-of-state field trips, immediate parent/guardian notification and return pense to his/her home via the next available transportation.	ent/guardian, a will result, no	am aware that violation of rules and reg tonly in the corrective actions outlined a	gulations relatin above, but, in th	g to student con ne case of out-of
rmission is hereby granted to the faculty advisor and adult chaperone(s) to obtain cident or illness. I understand that every attempt will be made to contact me in an	medical or su y such medic	rgical care from a licensed physician for al emergency.	the student in t	the event of a se
rsuant to Education Code Section 35330, I hereby waive any claim(s) against thing or by reason of the field trip or activity specified above.	ne Palos Verd	es Peninsula Unified School District for	injury, acciden	t, or illness occu
gnature of Parent/Guardian:(NOTE: Out-of-state field trips require parent/gua	ırdian siona	Date:ture in presence of a school admi		
, , , ,		·	·	
gnature of Principal / Designee		Date		