

BONSALL UNIFIED SCHOOL DISTRICT
PARENT PERMISSION FOR SCHOOL SPONSORED FIELD TRIPS
Sullivan Middle School

THIS FORM MUST BE FILLED OUT AND APPROVED AT LEAST 24 HOURS PRIOR TO ACTIVITY.

Destination: Knott's Berry Farm – PHYSICS DAY
Teacher/Grade: 7th and 8th grades
Date of Activity: Thursday, March 21st, 2019
Departure Time: 7:30am **Return Time:** 8:00pm
Cost: \$70 (CASH or online payments only. Please NO checks.)
Deadline: **Payment and permission form must be turned in by Tuesday, March 5th.**

Students will be transported to and from location by bus.

- I would like to attend as a parent chaperone for \$50.**
- Chaperones must complete the volunteer packet prior to field trip.
 - Chaperones are responsible for transporting themselves and will receive park entry and one meal voucher

Name: _____

Phone: _____

Email: _____

- I would like to donate \$_____ for a student in need to attend this trip.**

Students will need to bring a sack lunch. One meal will be provided.

- My student will bring a sack lunch from home.
- I have included my child's meal # _____ for a sack lunch from the cafeteria.
- ham and cheese**
 - peanut butter and jelly**

The undersigned parent or guardian of _____, age _____, a student of the Bonsall Unified School District, hereby grants my permission for said student to participate in all aspects of the above named field trip or activity.

Permission is also hereby granted to any adult to seek and obtain medical assistance and services for said student while on such field trip or activity, if required.

California Education Code 35330§. Excursions and Field Trips

"...All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion..."

Parents/guardians do not give up rights of minors by signing this form.

Signature of Parent/Guardian Date
(The district reserves the right to verify signatures.)

Phone Number


Signature of Administrator Date

2/21/19

Student Cell Phone Number