Mt. Diablo Unified School District NORTHGATE HIGH SCHOOL FIELD TRIP PERMISSION SLIP

I grant perm	ission for my ch	ild/ward: TYPE	or Print (legibly) Name	of Student	
to participate	e in the followin	g field trip on thi	is date: <u>SOLO & E</u>	NSEMBLE FESTIVAL AT	ΓLMC MARCH 7, 2009 (SAT)
APPROX. tin	ne scheduled to	return to school	I: <u>8AM – 5PM</u>	DURATION	
Class or gro	up attending:	WE ORCH			
Name of tead	cher and Educat	ional purpose:	GREG BROWN	PERFORMANCE	
Method of tra	ansportation:	<u>BUS</u>			
Student's sp	ecific medical n	eeds, if any:			
Name of med	dical provider:			phone number:	
Emergency i	notification pho	ne for parent(s)	or guardian(s):		
Home		Wor	·k	Cell	· · · · · · · · · · · · · · · · · · ·
Alternate em	nergency name &	և telephone num	ıber:		
medications I HAVE READ FURTHER AG http://north This includes NOTE: I UNI I also underst Parent/Guard	AND HEREBY CE REE TO THE TER gatehs-pfc.cor the WAIVER OF CO DERSTAND Stude and "PAGE 2" MU	ERTIFY THAT THE MS AND CONDITION M/nimb.html (GCLAIM & THE STUIN Ent drivers may NO JST be SIGNED an	ABOVE-LISTED INFO ONS LISTED ON PAC TO FORMS) or ht DENT'S PERMISSION OT transport any other Id ACCOMPANY THIS	ORMATION IS CORRECT T GE2 OF THE ONLINE PERM tp://www.mdusd.k12.ca.us/ N TO DRIVE TO AND FROM er student to or from the fie	ogc/pdf/permissionhigh.pdf I THE DESTINATION. Ild trip location. ow my child to drive him/herself.
		Teacher	Acknowledgemer	nt of Student Absence	
Teacher Approval:	x			Subject	Period A
	x			Subject	Period 1
	x			Subject	Period 2
	x			Subject	Period 3
	x			Subject	Period 4
	x	·		Subject	Period 5
	x			Subject	Period 6