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

I grant permi	ission for my child/ward:	y) Name of Student		
to participate	e in the following field trip on this date: R at Foothill Middle Schoo	ecruiting Presentation for C ol on Monday, March16, 2		
Approx. time	e scheduled to return to school: Start—	1:15pm Return to NHS—2	:50pm	
Class or gro	up attending: BOSS & students of O	rch, and CB, SB, WE, JB		
Name of tead	cher and Educational purpose: GREG E	BROWN		
Method of tra	ansportation: Private Car			
Student's sp	ecific medical needs, if any:			
Name of med	ame of medical provider: phone number:			
Emergency r	notification phone for parent(s) or guardian	ı(s):		
Home	Work	Cell		
Alternate em	ergency name & telephone number:			
I HAVE READ KNOWLEDGE AT: <u>http://no</u> This includes NOTE: I UNI I also understa	that my child must take. AND HEREBY CERTIFY THAT THE ABOVE-LIST. I FURTHER AGREE TO THE TERMS AND CON- orthgatehs-pfc.com/nimb.html (Go To FORM the WAIVER OF CLAIM & THE STUDENT'S PER DERSTAND Student drivers may NOT transport and "PAGE 2" MUST be SIGNED and ACCOMPA	IDITIONS LISTED ON <u>PAGE2 OF THI</u> IS) or <u>http://www.mdusd.k12.ca.us</u> MISSION TO DRIVE TO AND FROM any other student to or from the field	E ONLINE PERMISSION SLIP /ogc/pdf/permissionhigh.pdf THE DESTINATION. d trip location.	
Parent/Guard	dian SIGNATURE: X			
Parent/Guard	dian name (TYPE or print legibly):			
Teacher	Teacher Acknowledg	gement of Student Absence		
Approval:	x	Subject	Period A	
	x	Subject	Period 1	
	x	Subject	Period 2	
	x	Subject	Period 3	
	x	Subject	Period <b>4</b>	
	x	P6 SSR Subject	Period 5	
	x	1:20 -1:40p P6 SS Subject 1:40 -2:15p	Period <b>6</b>	
		P6 2:15-3:05p		