Field Trip- Parent Request Form

To the principal of	Glendale High Scho	ool,	,					
		(ID#)	•	tudent's Name)	,			
has my permissior	n to participate in the	e administrative	e approved field	trip to <u>Relay for Life</u> Name of)				
	14 at Scholl Canyo		d (3800 E. Glend	<u>oaks Blvd, Glendale</u>	e CA			
(date)		(location)						
-	9:00A.M.	· · · · · · · · · · · · · · · · · · ·						
Supervising Te from 9:00am-3:00p	eachers: _Ms. Sinc om)	lair (supervisin	g from 3:00-11:0)0pm), Ms. Alamillo	(supervising			
Expense involv	ed : <u>\$10 min. donat</u>	tion Method	l of transport	ation:				
_		□□Walki		chool bus				
	□□Other: <u>parents will pick up and drop off own children</u>							
is participating in the medication form.	child needs to take he field trip, that spe	ecific guidelines	s must be followe	ed as per the GUSE) health and			
I further understand that under section 35330 of the California Education Code, all persons making such								
a field trip or excursion shall be deemed to have waived all claims against the Glendale Unified School								
District or the State of California for injury, accident, illness or death occurring during or by reason of the								
field trip or excursion. By signing, I agree to all rules and guidelines posted on Glendale High School								
website.	rgency during the fie	ald trip a family	, mombor or Loa	un ha reached durin	a the above			
hours at:	igency during the ne	iu trip, a raminy	/ Illellibel of I ca	ii be reached dunin	g the above			
	Addres	se.						
1 110110.		,						
Alternate phone (if	f available):							
(parent/guardian prir	nt your name)	(signature)		(date)			
•	nool (818) 242-3161							
PARENT INFOR	<u>RMATION ABOU</u>	<u>T FIELD TRII</u>	<u>P</u>					
	 		 -	October 18, 20				
•	rint student's name)	Donort	0.00 AM	(Date of field tri				
<u>-</u>	of Glendale	Departi	ure: 9:00 AW	_ Return:F1:00PW	<u>(1 (</u> OCt. 18, 2014)			
•	of activity)	"-1-1 (0000 F .C	Nama alsa Disala O	James de La CAN				
	Canyon Baseball F							
from 9:00am-3:00p	eachers:Ms. Sindom)	` .	•	00pm), Ms. Alamill	o (supervising			
(REMEMBER TO INFORMATION)	TEAR OFF AND SA	AVE THE LOW	ER PORTION A	S YOUR RECORD	OF			