AVID-ize FIELD TRIP

Cal Young Middle School

2555 Gilham Rd. Eugene, OR 97408

Phone 541-790-6400 Fax 541-790-6456

Please Complete and return this form & return by March 15th

**Field Trip Date:** Friday April 5th

**Destination:** South Eugene High School and High School TBD

**Purpose of Trip:** Connect with other AVID students

**Bus Load Time:** 8:55 am **Return Time:** 12:00 pm (Note: a visit to a high school would cause a later return. Students will be back before the end of the school day)

**Groups Attending:** AVID 7 and AVID 8

**Teacher Chaperones:** Ms. Garland-Warren and Ms. Connors

Students will be given time in class on 4/8/19 to work on make up work from classes missed during the trip

In connection with class instruction, students make planned trips to different places of educational value during the year. These trips are planned so that the students may learn under the direct supervision of the teacher and other adults who make the trip in a real world setting. Every possible precaution is taken to ensure the safety of the students, but since the trips are away from the school, there is an element of risk involved. The district carries public liability and property damage insurance, however, like private automobile insurance, it is effective only in cases of proven negligence.

Only students with properly signed **Permission forms** will be allowed to make such trips. The school believes the experience is valuable enough to warrant making the trip. We recognize your rights as a parent to decide whether you wish your child to go. If you approve of your child making such a trip, as indicated below, please sign and return this form.

Please see additional information/signature form on reverse side of this paper.

My approval is given for my student to attend the AVID-ise field trip on Friday April 5th. Currently the field trip is scheduled for ½ day at South, but we are looking into expanding the trip to include a trip to a local high school. In the event this happens, there will not be a second permission slip filled out. Please select one:

\_\_\_\_\_\_\_\_ My student MAY attend an afternoon visit to a high school

\_\_\_\_\_\_\_\_My student MAY NOT attend an afternoon visit to a high school.

 I have reviewed appropriate conduct with my student while on a field trip.

**Field Trip Date:** 4/05/19 **Destination:** SEHS and High School TBD

Student Name: (print clearly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: (print clearly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If we are able to schedule a high school visit, then students would need lunch. In the event this happens, please choose one of the following:

 \_\_\_I plan to provide a lunch for my child and DO NOT need a school sack lunch.

\_\_\_I WILL NEED to order a school sack lunch and am aware that this cost will then be charged to my student’s lunch account.