## La Mesa Junior High School



26623 May Way Santa Clarita, CA 91351 (661) 250-0022

> Michele Krantz Principal

February 21, 2018

Dear La Mesa 8th Families,

Every spring Golden Valley High School opens their doors to welcome incoming 8<sup>th</sup> grade students. Students arrive to a welcoming rally followed by a tour of the campus all in an effort to prepare and excite them for their high school experience. This year students will visit GVHS on Thursday, March 8, 2018.

Attached is a permission slip with signature requirements on both the front and back of the slip. Students will be boarding school buses and transported to GVHS. The specific times for this AMAZING activity are as follow:

Busses arrive for Pick Up at La Mesa approx. 8:45AM

Arrival at GV before 9:30AM

Rally start time approx. 9:45AM

Rally end time approx. 10:30AM

Table presentations in small gym approx. 10:30AM

Load busses at 11:00AM

Leave GV at 11:15AM

Arrive at La Mesa approx. 11:30AM

\*Please complete both sides and have your student return it the ASB window before Friday, March 2nd.

Sincerely,

José E. Malavé, M.A.

8th Grade Assistant Principal

#### WM. S. HART UNION HIGH SCHOOL DISTRICT

#### PARENT'S OR GUARDIAN'S PERMISSION FOR FIELD TRIP AND AUTHORIZATION FOR MEDICAL CARE

To the principal of La Mesa Junior High School:			has my	
	(Student's N	lame – please print)		
permission to participate in the field trip to:  Black & Gold Day – Golden Valley High School  27051 Robert C. Lee Pkwy, Santa Clarita, CA 91321				
Date: March 8, 2018 Departure Time: 8:45 Return Time:	11:30 am			
Meeting Place: La Mesa Bus Loop Meeting Time: TBD				
Supervisor(s) of Trip: La Mesa Administrators, Teachers, and Staff				
LUNCH ARRANGEMENTS: METHOD OF TRANSPORTATION:				
<del></del>	ilking ivate Auto	X School Bus / Charte	er Bus	
<del></del>	her:	Driver's Name (Please Prin	it)	
Student will need money to purchase lunch.				
X Other read below:				
Other Information: Students will be back to La Mesa for lunch NOTE TO PARENT/GUARDIAN:				
<ul> <li>"All persons making the field trip 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."</li> <li>I give my permission for my student to attend this trip. I agree to direct my student to be cooperative with directions and instructions of the school district personnel in charge of the activity.</li> </ul>				
(Parent's/Guardian's Signature)	Date			
AUTHORIZATION FOR MEDICAL CARE Should it be necessary for my child to have medical care				
while participating in this trip, I hereby give the School District personnel permission to use their judgment in	Print Student	ts Name Date	e of Birth	
obtaining medical care and ambulance service for the child, and I give permission to the physician selected by	Home Addres	SS		
the School District personnel to render medical care deemed necessary and appropriate by the physician. I understand that the School District has no insurance covering such medical or hospital costs incurred by my child and therefore, any cost incurred for such treatment shall be my sole responsibility.	Home telephone number			
	Parent/Guardian Name (Please Print)			
	Business telephone number – Parent/Guardian		Guardian	
		elephone number		
	•	n Signature of Parent/Gua	ardian	
	DATE:		·	
Instructions for special medical treatment:				

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### Wm. S. Hart Union High School District

# VOLUNTARY ACTIVITIES PARTICIPATION FORM ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my son/daughter,	to participate in the District- ool.
I understand and acknowledge that some of these activities, by of serious injury/illness to individuals who participate in such act	
I understand and acknowledge that participation in these activit is not required by the District for course credit or for completion	
I understand and acknowledge that in order to participate in the agree to assume liability and responsibility for any and all poten participation in such activities.	
I understand, acknowledge, and agree that the District, its employshall not be liable for any injury/illness suffered by my son/daug associated with preparing for and/or participating in this activity	hter which is incident to and/or
I acknowledge that I have carefully read this VOLUNTARY ACTIVI understand and agree to its terms.	TIES PARTICIPATION FORM and that I
☆	
Parent/Guardian Signature	Date
☆	
Student Signature	Date

A signed VOLUNATRY ACTIVITIES PARTICIPATION FORM must be on file with the District before a student will be allowed to participate in extra-curricular activities.