

**SENIOR CLASS FIELD TRIP
DISNEYLAND
Tuesday, JUNE 13, 2017**

Dear Parent:

This signed permission slip along with \$158.00 is required to purchase the Disneyland Park Hopper ticket and pay for the cost of transportation. If a student has a Disneyland Annual Pass (*please confirm that it is permissible for this date*), the cost will be \$20.00 to cover the transportation fee. Please note that annual pass-holders must also turn in this permission slip and \$20.00 transportation fee within the following timeframe. Tickets will be on sale from May 16th through May 31st in the Student Store. **CASH OR CREDIT CARD ONLY!** All seniors attending **MUST** ride the school bus both to and from Disneyland. **NO EXCEPTIONS!**

Saddleback Valley Unified School District

Mission Viejo High School

**Parent/Guardian Permission and Notification Form
Voluntary Off-Campus Field Trip/Activity
(NON-SCHOOL-SPONSORED ORGANIZATION)**

This form has several purposes:

1. To inform you, as a parent/guardian, of a voluntary off-campus field trip/activity with a non-school-sponsored organization.
2. To ensure your authorization enabling your son/daughter to participate in the field trip/activity.
3. To ensure your understanding that the District does not assume any responsibility or liability for such field trip/activity and has undertaken no provision of transportation for the same.

Student Name _____ Student Cell # _____
Date of Trip: June 13, 2017 Departure Time: 9:45 am Return Time: 10:00 pm
Nature of Field Trip or Activity: Senior class trip to Disneyland/California Adventure
Destination: Disneyland/California Adventure Theme Park, Anaheim, California
Grade 12 Method of Transportation: Bus
Student Dress: Casual school dress code Provision for Meal(s): Bring own \$

Activity Sponsor _____


Mark Perez/Activities Director

I have reviewed and understand the conditions of the non-school-sponsored voluntary off-campus field trip/activity described and give my consent for my son/daughter to participate. Should my son/daughter be injured, the activity's adult supervisor has my permission to secure on-the-spot medical treatment (the parent/guardian will be contacted as soon as possible for direction and notification), and I will be responsible for payment of medical services rendered. By signing below, I acknowledge that Education Code Section 35330 provides that all persons making a field trip or an excursion are 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 trip or excursion. I further acknowledge that the non-school-sponsored organization's field trip/activity is in no way affiliated with the Saddleback Valley Unified School District or any of its schools, and I understand that the waivers of Education Code Section 35330 shall apply regardless of whether said field trip/activity was organized and/or advertised through a District school or by a District employee, and/or departing from District premises. **ALL BELOW INFORMATION IS REQUIRED!**

Signature of Parent/Guardian

Date

Address

Home Phone Number

Parent Cell Number

Insurance Company

Policy No.