



A Creative, Liberal Arts Charter School
Est. 2009 by the REACH Parent Foundation

On the Brook Haven Campus
7905 Valentine Ave.
Sebastopol, CA 95472
Sebastopol Union School District

FIELD TRIP PERMISSION FORM

Please return this permission slip by: _____

Your child's class will be attending a field trip to:

Date: _____

Time of event: Leaving: _____ Returning: _____

Cost: _____

Transportation: _____

_____ I can drive on this trip. My car holds _____ students in the back seat(s).
_____ I cannot drive on this trip.

Other (i.e., bag lunch) _____

In case of emergency please contact:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

I give permission for my child, _____, to accompany her/his class on the above field trip.

- 1. I understand that all students going on this trip will be responsible in conduct to the driver, to teachers and adult sponsors. It is further understood that students will go and return from the event on the transportation provided and that every reasonable caution will be maintained on the trip.
- 2. I hereby acknowledge that I have been advised that the activities involved in this excursion/field trip or event are not considered by the district to be of "high risk" to the participants.
- 3. In granting permission to attend, I acknowledge that Education Code Section 35330 provides that all persons who participate in any field trip shall be deemed to have waived all claims against the Sebastopol Union School District, or the State of California for any injury, accident, illness, death or any loss or damage to personal property occurring during or by reason of this excursion/field trip or event.

Parent or Guardian Signature

Date