



Regional Courses

Voluntary Activities Participation for Student Field Trips and Excursions

Regional Course Name: _____ Location: _____

Instructor Name: _____

Student Name: _____ ID#: _____ Date: _____

High School: _____

Over Night Trip: YES: _____ NO: _____

Departure Date: _____ Departure Time: _____ Return Date: _____ Return Time: _____

POINT OF DEPARTURE: _____ POINT TRIP TERMINATES: _____

DESTINATION: _____

Purpose of the Field Trip (please describe): _____

Emergency Card on File: YES: _____ NO: _____

PARENTS CONSENT:

I/We, the undersigned, parent(s) or legal guardian(s) hereby permit and authorize the above-named student to travel from Valley ROP Regional class site to alternate class room and return to Valley ROP class site.

I/We understand that Education Code section 35330 gives a school district the authority to conduct field trips or excursions. Education Code section 35330 also grants districts "field trip immunity" therefore I/We assume full responsibility and legal liability for the student and the student's actions while is in transit to from Valley ROP Regional class site to alternate class room and return to Valley ROP class site, defend and hold harmless the Valley ROP its Board of Management, officers, employees, and agents, from and against any claims, suits, costs, expenses or damages.

Parent/Guardian Name (Please Type) _____

Signature: _____ Date: _____

Parent/Guardian Phone Number: _____

*******COMPLETE OTHER SIDE IF YOU ARE MISSING ANY OF YOUR CLASSES*******

PLEASE RETURN TO SPONSOR PRIOR TO FIELD TRIP - DUE DATE:

Student Name: _____ ID#: _____

High School: _____

Please have your teachers sign:

This student will be missing the following classes. Your signature indicates that this student talked to you about the work they are missing. **If you feel this student should not miss your class, arrangements can be made for him/her to attend.**

Class	Subject/Comments	Teacher Signature
1		
2		
3		
4		
5		
6		
7		

_____ School not in session during field Trip

HOME SCHOOL CONSENT:

HIGH SCHOOL NAME _____

School Administrator (Coordinator) Name (Please Type) _____

Signature: _____ Date: _____