



SCVi
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 ileadschools.org

**Field Trip Permission Slip
 The 5th Wave**

Location	Edwards 12 Movie Theater 24435 Town Center Dr, Santa Clarita, CA 91355		
Date	January 22, 2016 (Friday)	Times	8:25-12:45pm 8 th Grade (8:30-12:30pm) 9 th and 10 th (8:25-12:45pm)
Suggested Donation*	\$16	Transportation	Drop off and pick-up from the Theater. No transportation will be provided by the School.

For this event, please return your permission slip and \$16 (cash preferred due to payment method from theater) to your facilitator no later than Wednesday the 20th. Learners will need to be picked up and dropped off at the theater. Further specifics will be given by your learner's facilitator. Please let your facilitator know ASAP if there are changes in plans, later or earlier drop-off/pick-up times, etc...
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Please return this permission slip and Money by January 20th (Wed)

I give permission for my child _____ grade _____

to attend the field trip on 1/22/16 to (Edwards 12 Movie Theatre near Mall).

-I will be picking up and dropping off my learner: (yes/no) Name: _____

-I allow my learner to be released from the theater to the mall upon conclusion of movie: (yes/no): _____

-I release my learner to the custody of a different parent/guardian than myself: (yes/no) If yes:
 - Name of person on emergency card: _____
 - Phone # of person on emergency card: _____

Want to help Chaperone?: (Yes, No, or Watch teenagers.....Not a chance!) (send in \$16 with your learner)

Enclosed is \$ 16 *donation towards the trip. (Cash or Checks made out to SCVi with the name of the field trip in the memo of the check. ***This event is funded entirely on donations. Tickets need to be purchased. Please contact your facilitator, should you need assistance with funding for your learner. Thank you.**)

In case of an emergency, I give permission for my child to receive medical treatment.

In case of such an emergency please contact:

Name: _____ Phone : _____

My child has allergies: (Please explain in detail the nature of the allergies or condition your child has and what medication should be used. You will need to stop by our office to obtain a Doctors request to administer medication during school hours if you do not already have one on file with the health office at SCVi.)

I hereby agree, on behalf of the named student and his/her other parent or legal guardians, to waive any claims for liability against Santa Clarita Valley International Charter School (and any diocesan or school officers, agents or employees) which may arise from the participation of the named student in the above-described event.

Parent/Guardian Signature: _____ Date: _____