



Earl Warren Middle School

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Principal
Justin Conn

San Dieguito

Union High School District

Board of Trustees
Joyce Dalessandro
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Superintendent
Robert A. Haley, Ed.D.

Dear Parents and Guardians:

We are excited to celebrate the accomplishments of our Class of 2019's 8th grade students by attending our annual trip to Disneyland scheduled for Thursday, June 13, 2019. The trip details and itinerary are as follows:

- **Permission Slips/Costs-** Please complete/sign the attached permission slip form and bring it to the Administration office. Tickets are \$115 with an ASB sticker and \$120 without. If your student is in need of financial assistance, please contact Assistant Principal Kaitlin Wood at 858-755-1558 ext. 4403.
- **Food** – Please remember to pack a lunch/water or bring money to purchase lunch.
- **Bus Assignments/Chaperones/Warning-** All students are randomly assigned to buses. We are not taking any request for preferred seating arrangements. Teachers and staff will be on buses to chaperone. In addition, teachers and staff will be available at a predetermined checkpoint in the park for students who need assistance while at Disneyland.
- **A Note of WARNING-** Disneyland officials are very tough on any visitor found violating park policies. Students **WILL** be sent out of the park by Disneyland officials for violating these policies. These policies include behavior in the park and violation of dress code. Parents or guardians will be responsible for making the drive to Anaheim to pick up students if they are asked to leave the park by Disneyland officials.

Itinerary:

7:00 a.m. - Students must report to school and find their bus group in the quad

7:15 a.m. - Buses leave Earl Warren

6:00 p.m. - Students must be back on their assigned buses

6:15 p.m. - Buses leave Disneyland

7:30 p.m. – Expected arrival of buses and parent pickup at Earl Warren. Please keep in mind our buses are at the mercy of traffic and this is an expected arrival time.

If you have any questions, please contact us at your earliest convenience. We are looking forward to an amazing trip!

Sincerely,

Steven Ruecker
ASB Advisor



Justin Conn
Principal

San Dieguito Union High School District Field Trip Permission Form

3541.1 / AR-2 Attachment
6153.1 / AR-2 Attachment

Name of Student: _____ **Activity:** EWMS- Disneyland

Activity Date(s): Thursday, June 13, 2019 **Location:** Anaheim, CA



Departs/Returns: 7:15 AM PM 7:30 AM PM **Teacher:** - **Period:** -

Transportation: School Bus/Van Private Car Charter Service Walk **Driver:** School District Employee Charter Service Employee Parent/Adult Student

I understand and agree that my participation in the activity or trip is not to be used as an excuse for absence other than for the period indicated above. I know that I am responsible for all class work missed. I understand and agree that I remain under the jurisdiction of the school district while participating in this off-campus activity and I will abide by all rules set forth by the faculty, principal, superintendent, or Board of Trustees.

Student Signature

ALL TEACHERS MUST GRANT APPROVAL FOR STUDENT TO PARTICIPATE IN TRIP OR ACTIVITY

Per.	Class	Approve	Disapprove	Teacher Signature
1				
2				
3				
4				
5				
6				
7				

To Be Completed by Parent/Guardian:

I, the undersigned, hereby grant permission for my child to participate in the above named activity.

In accordance with Education Code §35330, I, the undersigned, hereby RELEASE, DISCHARGE and HOLD HARMLESS the San Dieguito Union High School District, the Board of Trustees, its officers, employees and agents from all liability, including injury, death, or other damages, occurring in the course of or while traveling to or from the above named activity which my child may suffer or cause another person to suffer arising out of, or in connection with, or resulting from my child's participation in the above named activity.

EMERGENCY: In an emergency, I give my consent: For family physician, EMT and/or hospital to provide emergency treatment to my son/daughter: No Yes

Student has medical insurance? No Yes Medical insurance in: Father's name Mother's name

Medical Insurance Carrier: _____ Policy/Group #: _____

Insurance Contact Number(s): _____

Parent/Guardian Signature

Date

Telephone Number