

Antioch Charter Academy BEING THERE EXPERIENCE PERMISSION SLIP



**Location: Chabot Space and Science Center, 10000 Skyline Blvd.,
Oakland, 95619**

Date: Tuesday, February 6, 2020

Time: Drivers at ACA: 7:45 Leave ACA: 8:00 Leave Chabot: 1:45

Cost: \$15.00 students, \$15.00 adults

Transportation: Cars - We need drivers!

Notes: Please order or pack a bag lunch and clearly label it with name. PM Kinders will come to school in AM. No siblings please.

Please return this permission slip no later than: THURSDAY, JANUARY 30, 2020

Permission slips MUST be turned in by 1-30-20 (ACA Policy) NO EXCEPTIONS!!

(Please mark all boxes that apply, and return the bottom portion to school)

WILL YOUR CHILD BE ATTENDING THE BEING THERE EXPERIENCE?

Yes, I give permission for, _____, to attend the experience.
(NAME OF CHILD)

No, _____, will not attend the experience, **but WILL come to school.**
(NAME OF CHILD)

No, _____, will not attend the experience, **and WILL NOT come to school. I am requesting an independent study.**
(NAME OF CHILD)

WILL YOU BE DRIVING ON THE BEING THERE EXPERIENCE?

Yes, _____, can help chaperone.
(NAMES OF ADULTS)

I can take my child(ren) and _____ more children in my car. (Count only backseats.)
(Number)

WILL YOUR CHILD BE ORDERING A BAG LUNCH FROM AUSD TO GO?

Yes, please order a lunch from AUSD for my child.

PLEASE FILL OUT BOTH SIDES OF THIS PERMISSION SLIP AND RETURN TO ACA NO LATER THAN THURSDAY, JANUARY 30, 2020.

EACH STUDENT NEEDS THEIR OWN COMPLETED PERMISSION SLIP.

In the event of illness or injury, I do here by consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330 I understand that I hold The Learner Centered School District and its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this voluntary activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone: _____

Student Signature: _____ Date of Birth: _____

Medical Insurance Carrier: _____ Policy No.: _____

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