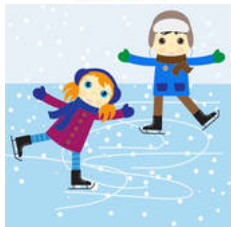


# Antioch Charter Academy BEING THERE EXPERIENCE PERMISSION SLIP



Dublin



Location: Tri Valley Ice, 7212 San Ramon Rd., Dublin, CA 94568

Date: Thursday, January 18, 2024

Time: Drivers at ACA: 8:30 Leave ACA: 9:00

Skate Time: 10:00–12:00 Lunch: 12:00–1:00

Leave Dublin: 1:00 Back at ACA 2:00/2:30

Cost: \$10.00 students, \$10.00 adults, FREE for non-skaters

Transportation: Cars - We need drivers!

Notes: PM Kinders will come to school in AM.

Please order or pack a bag lunch and clearly label it with name.

Younger siblings ok. Please no Intermediate or Middle School sibs.

Please return this permission slip no later than: **TUESDAY, JANUARY 9, 2024**

Permission slips **MUST** be turned in by 1-9-24. (ACA Policy) **NO EXCEPTIONS!!**  
**LATE SLIPS WILL NOT BE ABLE TO ORDER A LUNCH.**

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

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**WILL YOUR CHILD BE ATTENDING THE BEING THERE EXPERIENCE or STAYING AT SCHOOL?**

I give permission for \_\_\_\_\_ to attend the experience.  
(NAME OF CHILD)

**OR**

I want \_\_\_\_\_, to stay at school instead of attending the experience.  
(NAME OF CHILD)

**WILL YOU BE DRIVING/CHAPERONING ON THE BEING THERE EXPERIENCE?**

Yes, \_\_\_\_\_ can help chaperone and drive.  
(NAMES OF ADULTS)

I can take my child(ren) and \_\_\_\_\_ more children in my car. (Count only backseats.)  
(NUMBER)

(If you want to drive only your child, please write 0 in the space above.)

**WILL YOUR CHILD BE ORDERING A FREE BAG LUNCH FROM AUSD?**

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

**PLEASE FILL OUT BOTH SIDES OF THIS PERMISSION SLIP AND RETURN TO  
ACA NO LATER THAN TUESDAY, JANUARY 9, 2024.**

**EACH STUDENT NEEDS THEIR OWN COMPLETED PERMISSION SLIP.**

\*Adults who drive must have Proof of Insurance (Declarations Page) on file with the school showing that they have \$100,000/\$300,000 liability coverage.

\*Adults who drive must have a DMV driver record printout, available at <https://www.dmv.ca.gov/portal/dmv/detail/online/dr/welcome>

\*A Megan's Law check will be conducted on ALL adults who drive and/or chaperone.

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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ACA NO LATER TUESDAY, JANUARY 9, 2024.**

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