2015 UNIVERSAL STUDIOS SENIOR GRAD BASH PERMISSION FORM

Dear Seniors and Parents.

*Please notice that page 2 of this Permission Form must be notarized when it is signed.

Students must return permission forms when they make their payment for the trip.

Please read the following rules and guidelines. Your signature below indicates that you agree to abide by these rules and guidelines. Further clarification on the rules and guidelines can be found on the Senior Class Facebook page and on the Official Senior Class website at: http://new.schoolnotes.com/SLWCHSClassof20145

♦ Students will NOT receive a refund if students:

Miss the bus for the trip

Arrive out of dress code and therefore, cannot board the bus

Parent Telephone # ____

Have excessive absences thus forfeiting the trip, as defined by the Sr Activity Attendance Policy Change his/her mind (decides not to go)

- ♦ Student Dress code will be enforced. Students not in proper dress will not be allowed to board the bus. If in doubt, choose something else to wear. Universal Studios has a specific dress code for Grad Bash, and students have been notified of the dress code.
- ♦ Students must use the Charter transportation provided by the school. Students may NOT drive themselves.
- ♦ Students must arrive on time and be picked up on time for each field trip.

Please be on time if you are picking up a student; parent pick up will be in the front parking lot of the school. Students picked up late will not be allowed to attend future trips.

- ♦ Students must adhere to the Student Code of Conduct. Any student violating the Code of Conduct will not be allowed to attend future Senior Activities and appropriate disciplinary action will be taken.
- ♦ Students who require special bus accommodations for any Senior activity MUST notify the Senior Sponsors and pay for the trip a MINIMUM of three months prior to the activity to give the Senior Class Sponsors time to plan accordingly and make accommodations. Failure to do so could result in not being able to participate in the activity.

I have read and agree to adhere to the rules outlined above. My son/daughter will attend:

Trave read and agree to adhere to the rules oddinied above. This sort daughter will attend.						
, , , , , , , , , , , , , , , , , , , ,	imate time. Students will text and call when we are 30 minutes ou rking Lot at the back of the campus NLT 3:30 PM.					
Student signature	Date					
Parent signature	Date					

SCHOOL BOARD OF ST. LUCIE COUNTY MEDICAL RELEASE FORM FOR OUT-OF-COUNTY OR OVERNIGHT TRAVEL FOR BAND, CHEERLEADING, AND OTHER NON-ATHLETIC EVENTS School Year 2014/2015

Name of Student (Please print)_					
Address					
		nPlace of Birth			
Parent's Work Phone	Ot	Other Emergency Phone			
our part and is made with the une	derstanding that we have not	violated any of	the St. Lucie County schools is entirely the eligibility rules and regulations of t y the School Board of St. Lucie County,	the St. Lucie	
students have a through understa activity. For this reason it is requ	anding of the implications involuted that each student in the S	olved in a stud St. Lucie count	desire that students and parents or gua ent participating in a voluntary extra cu y school, his/her parent, parents, or gu rticipate in any out-of-county or overni	ırricular ardian, read,	
1. I/We, the undersigned, as pare this activity as a representative of		my/our consei	nt for the student identified herein to pa	articipate in	
			its behalf, or the Florida High School Ant in the course of such activities or such		
policy, or policies, for injuries rec	ceived while participating in so	chool events, sl	rance forms, after which all claims und hall be processed by the student, his/he rance policy, and through the school of	er parent,	
4. I/We hereby accept financial r	responsibility for equipment o	r instruments	list by the student identified herein.		
5. I/We authorize the school to to may become reasonably necessar for such transportation and treats	y for the student in the course	of such activi	or its own choice, any emergency medic ties or such travel. I/We also agree that t or its employees.	cal care that the expense	
6. I/We accept full responsibility This statement remains in effect	and hereby grant permission until the end of this school yea	for my son/da ar unless cance	nughter to travel on any approved schoolled by me in writing to the school.	l related trip	
Student Signature		Mother or Gu	ardian's signature	_	
Date		Father or Gua	ardian's Signature		
STATE OF FLORIDA COUNTY OF ST. LUCIE)				
The above has been sworn and su	abscribed before me this	day of	in the year of our Lord		
My Commission expires:					

Most banks will notarize for their patrons at no charge.