

GROSSMONT UNION HIGH SCHOOL DISTRICT  
**EXCURSION PERMIT**

**STUDENT:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**SCHOOL:** Valhalla High School

**DESTINATIONS:** The Church of Latter Day Saints, 1634 Hillsdale Road, El Cajon, 92019  
St. Luke's Catholic Church, 1980 Hillsdale Road, El Cajon, CA 92019

**CLASS ACTIVITY:** AP Exams **MODE OF TRANSP:** walking/private car/no carpooling

**DEPART FROM:** Valhalla or Home **TIME:** 7:00am **DATES:** May 1–May 12, 2017

**RETURN TO:** Valhalla or Home **TIME:** (test ending times will vary; 12pm or 4pm)

**SUPERVISING FACULTY:** AP Coordinator, Stephanie Macceca

Dear parent(s)/ or Legal Guardian:

The faculty members in charge and school administration will take all reasonable precautions in planning and carrying out this trip to ensure the safety and welfare of your child. Students are expected to conduct themselves in a manner that reflects pride in themselves, their school and in the Grossmont Union High School District. The District policies and regulations, which govern student conduct, shall be the guideline for student behavior during this trip. These policies and regulations, among other things, prohibit:

1. Use or possession of alcoholic beverages, narcotics or dangerous drugs, or dangerous weapons.
2. Smoking by students on campus or in other areas in which school activities are taking place

Students who violate existing policies and regulations are subject to disciplinary action upon the return from the trip.

Students apprehended for violations of law will be left in the custody of local authorities. Parents will be responsible for student's release.

All volunteer adult drivers are required to file with the school a signed verification that their insurance meets the minimum requirements in conformance with District policy.

All persons making the excursion shall be deemed to have waived all claims against Grossmont Union High School District, the above named school, their officials, employees and agents, from and against any and all liability for property damage, injury, accident, illness or death occurring during or by reason of the excursion. Commercial, low cost, student insurance is available through the school finance office.

**WAIVER**

The student named above has my permission to take part in the above listed school sponsored class activity on the date indicated. I hereby agree, for myself and the above named student, to indemnify and hold harmless the Grossmont Union High School District, the above named school, their officials, employees and agents, from and against any and all liability for property damage, injury, accident, illness or death, to person or property in connection with participation in this class activity.

In the event of accident or illness the school district/volunteer has my permission to render whatever emergency treatment may be deemed necessary for the above student.

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Emergency Telephone Number**

\_\_\_\_\_  
Name of Parent or Guardian

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Relationship to student