

September 19, 2018

Dear Parent,

The Rocklin USD Orchestras are once again taking a field trip to hear an open rehearsal with the San Francisco Symphony! This is an especially exciting event as all of the orchestras in the Rocklin Unified School District are taking this trip together!

This optional field trip will take place on Thursday, November 8th, 2018. We will meet at Rocklin High School and leave at 5:00 a.m. A donation of \$55 per child will cover our transportation costs and the ticket to the rehearsal. Students will need to either bring money for lunch or bring a sack lunch.

Itinerary:

- 4:45 AM – Load buses at Rocklin High School
- 5:00 AM - Depart for Davies Symphony Hall
- 8:30 – 9:00 AM – Free donuts and coffee at Davies Symphony Hall
- 9:00 AM – Pre-concert talk
- 10:00 AM – Open rehearsal starts
- 12:00 PM – Leave Davies and head to Pier 39
- 12:30 PM – Lunch at Pier 39
- 3:00 PM – Load buses
- 6:00 PM – Back at Rocklin High School

If you would like to have your student attend, please fill out the attached permission slip and return it with your \$55 donation by Wednesday, October 3rd. There are only 25 confirmed seats for each school so the first 25 to return the permission slip and donation will be guaranteed a spot. More spots may open up if the other schools do not fill their allotment of 25. We will know closer to the trip if we can send more than 25. If your student is unable to attend because of space your check will be returned to you. We greatly appreciate your donation! Without it, we would not be able to offer such opportunities to our kids!

Sincerely,

Kris Harper, Whitney HS
Tom Douglass, Rocklin HS
Celia Boutiette, Spring View MS
Kevin Just, Granite Oaks MS

Rocklin Unified School District

Parent/Guardian Field Trip Information Form

Please be aware that California Education Code 35330 provides in part that:

All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.

SCHOOL: SVMS

Teacher's Name: Ms. Boutiette Date: _____

Destination: Danes Symphony Hall / Pier 39
Place
201 Van Ness, San Francisco, CA 94102
Address

Transported Day Trip Walking Day Trip Overnight Trip

Departure: November 8th, 2018 4:45am
Date Time

Rocklin HS
Place

Return: November 8th, 2018 6pm
Date Time

Rocklin HS
Place

Cost*: \$55 Sack Lunch X Yes or \$ No
(No glass containers)

Items to Bring: lunch or lunch \$

What to Wear: Comfortable walking shoes

Other Information: See attached

* As defined in RUSD Administrative Regulation 6153 and in accordance with Education Code 35330, no student shall be prevented from making a co-curricular (class curriculum related) field trip because of lack of sufficient funds. Anyone needing financial assistance because of lack of sufficient funds, please contact the site principal or the teacher listed above.

--- KEEP THIS FORM FOR REFERENCE ---

Rocklin Unified School District
Gr 7-12 Field Trip Parent Permission & Medical Authorization Form

Return This Form to Teacher By First Come First Serve (only 25 spots)

Please be aware that California Education Code 35330 provides in part that: All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.

FIELD TRIP: SF Symphony Trip

School: SVMS Teacher: Ms. Boutiette

Student's Name: _____ Birth Date: _____

Address: 201 Van Ness Ave, San Francisco, CA 94102

My student has my permission to participate in the following activity: SF Symphony Trip

On the following date(s): November 8th, 2018

Sack lunches for the field trip are available from the cafeteria at the student's regular price. Lunch accounts will be used. If you do not have money on your child's account, please apply prior to the trip. Select one of the following choices:

- Yes, please provide a sack lunch that includes a Turkey Wedge Sandwich, fruit, vegetable, a treat, and milk (circle white milk or chocolate milk)
- Yes, please provide a sack lunch that includes a Chicken Caesar Wrap, fruit, vegetable, a treat, and milk (circle white milk or chocolate milk)
- No, I will provide a lunch for my child

If this field trip involves a water activity, my student's swimming ability is:

Beginner Intermediate Advanced

Yes, I am available to chaperone, and I have fingerprint clearance

Parent's Name: _____ Home Phone: _____

Work Phone: _____

Phone where parent may be reached in case of an emergency or delay: _____

If unable to reach parent, other authorized adult: _____

Relationship: _____ Address: _____ Phone: _____

Physician's Name: _____ Address: _____ Phone: _____

Insurance Carrier's Name and Policy #: _____

Special medical considerations regarding my student (Examples: allergies to medicine, food; diabetes, etc.) _____

(ADDITIONAL INFORMATION MAY BE PUT ON THE BACK OF THIS FORM.)

In the event of an emergency, when a parent or guardian is unavailable, I authorize school personnel to make arrangements for my child to receive medical or hospital care, including necessary transportation, in accordance with their best judgment. I authorize the physician named above to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon. I agree to pay all costs incurred as a result of the foregoing.

I UNDERSTAND THAT BY SIGNING BELOW I AM GIVING PERMISSION FOR MY STUDENT TO PARTICIPATE IN THE FIELD TRIP, AND I AM GIVING MEDICAL AUTHORIZATION.

Parent/Guardian Signature _____

Date _____

