## Sunsplash End of Year Trip Information

- Thursday, June 8, 2023 -Arrive at NCS: 9:20 am | Return to NCS 3:00 pm



Seventh Grade Leading Edgers have attended Sunsplash at the end of each year for over 16 years. The main attraction our students will have access to is the waterslide park (not golf/arcade). Food/Drink is not allowed on this trip and will be confiscated by Sunsplash. This excludes students with special dietary needs. Therefore, students will need to bring money for lunch and refreshments. Students should wear water

clothing and bring a towel along with sunscreen. Please do not bring swim toys.

We are requesting that parents cover the cost of the entrance ticket for their student so that we can maintain our school resources for instructional materials. Your \$35 donation covers your student for the day at Sunsplash and transportatio. Please consider making this donation online at MySchoolBucks.com or by submitting cash or check (payable to Natomas Charter School) with your student's permission slip. If your child will be using their own season pass, please notify us ASAP.

Permission Slips must be turned in by: May 19

Participation on the trip is contingent on meeting academic and behavioral requirements. Refunds may not be given if a student is unable to attend due to academic or behavior probation.

Questions? Please contact your child's production teacher.

\*Note: We are committed to all students being able to attend this trip. If a \$20 donation is not possible for your family at this time, we have additional funds to ensure that all students can attend.

Parents: Keep this slip for information at home.

Send in the field trip permission slip along with your trip donation as soon as possible

## Natomas Charter School

Parent Permission for Student Field Trip
(Teacher shall make two copies of this form and deliver one copy to the office and carry a copy while on Field Trip)

Academy: Leading Edge Academy  Lead Teacher's Name: Baumgartner, Novello, Barragan		Date: June 8, 2023 Class: 7th Grade
Return Date: June 8, 2023	Time: 3:00 pm	
X BusPrivate Vel	6 _	Chartered Bus Commercial Transportation nool hours, parents are required to arrange for transportation to and from school
Lunch: (Parent please select)	My student would like a school lunc	h <b>OR</b> My student will bring a lunch from home
		ot assume any liability for injury. Students and teachers are required to obey and general standards for respect of persons and property and good behavior.
the State of California for injury, accide excursions and all parents or guardians 35330) My signature on this form shall con	ent, illness, or death occurring during or by of pupils taking out-of-state field trips or on a stitute an informed and knowing waiver a	Il be deemed to have waived all claims against the district (its employees) or reasons of the field trip or excursion. All adults taking out-of-state trips or excursions shall sign a statement waiving such claims." (Education Code as <b>required by law.</b> I understand and agree that failure of the Student to at home, at my expense, and that the Student may be barred as a result from
	has my permission	to participate in the field trip to
Student Name O	1 .	
Destination	Date	Parent/Guardian's Signature
Please check 1 or 2 below to indicate	Emergency In the event of accident or emergency	
Student Name	Home Phone #	Emergency Phone #
arrangements, as he/she considers necessary for physician named below to undertake such care	or my child to receive medical/hospital care, in e and treatment of my child, as he/she considers	ble, I hereby authorize a representative of the Natomas Charter School to make such cluding necessary transportation. Under such circumstances, I further authorize the necessary. In the event said physician is not available at any time, I authorize such tardian understands he/she is responsible to pay all costs incurred as a result of the
Physician's Name	Physician's Phone #	Insurance Provider and ID#
2. I do not chose the above statement	and desire the following action:	
My son/daughter is currently takin	g the following medication and/or	has the following medical conditions and/or allergies:
	Parent/Guardian Signature	Date