



OFFICE OF SCHOOL SUPPORT SERVICES - Adult Community Transition Program
2221 Argonne Ave Long Beach CA 90815 562.986.6870 x244 lbschools.net

**Permission to Participate in Off Campus Community Based Instruction (CBI)
2025-2026 School Year**

Student's Name: _____ **ACTSite** _____

Description of Activity: Community Based Instruction (CBI) is educational instruction in a naturally occurring community environment to provide students with “real life experiences”. The goal of CBI is to provide a variety of hands on learning opportunities to help ACT Students acquire the skills to function as independently as possible at home, in school, in the community and in the vocational setting.

Dates of Activity: 2025-2026 School Year **Time:** All CBI trips occur during the school day.

Lunch:

- Student will be at school during Lunch
- Student should bring sack lunch

Method of Transportation:

- Walking
- Long Beach Transit
- Private Auto **(For Emergencies Only)**

I, _____ (Parent/Guardian) request that my ACT student (age 18-22) be permitted to participate in the Community Based Instruction described above. In consideration of his/her being permitted to participate, we agree as follows:

1. I acknowledge that the activity under certain circumstances could be dangerous and that my child is not required to participate in it to receive a class grade. I expressly request my child to voluntarily participate in the activity.
2. I understand and acknowledge that as provided in part in Education Code 35330, I waive and forever release and discharge the Long Beach Unified School District, the Board of Education and its officers, employees and agents from all liability, claims, loss, cost or expense arising from or attributable to the above identified activity.
3. ACT training for student will be under the supervision of the teacher and/or Para-Educator and /or the career transition specialist.

To the best of my knowledge, my child has no physical condition which would interfere with his/her ability to participate in or attend this activity or would endanger his/her health or any other student's health.

Date

Signature Parent/Guardian

(To be retained by Supervising Teacher)



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MEDICAL AUTHORIZATION

Should my Student need to have medical treatment while participating in CBI, I hereby give the school district personnel permission to use their judgement in obtaining medical service for my child and I give permission to the physician selected by the school district personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the school district has no insurance covering such medical or hospital costs incurred for my child and, therefore, any costs incurred for such treatment shall be my sole responsibility.

PLEASE CHECK HERE IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT ARE ON FILE WITH THE SCHOOL

Student Name

Emergency Telephone Number

Home Address

Home Telephone Number

Business Telephone Number

Signature Parent/Guardian

Date _____

Questions regarding Community Based Instruction should be referred to:

Teacher Name

Telephone Number