



**Linda Vista Adventist Elementary School  
Field Trip Information**



Destination/Event \_\_\_\_\_ Participating Class(es) \_\_\_\_\_


Date \_\_\_\_\_ Leaving LVAES \_\_\_\_\_ Returning to LVAES \_\_\_\_\_

Description of activities  
**Seeing elephant seals, touring Hearst Castle, rehearsing music, performing. See itinerary.**

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|--|--|
| <p align="center"><b>Transportation</b></p> <p>_____ Parent Vehicles</p> <p>_____ Chartered Transportation</p> | <p align="center"><b>Dress</b></p> <p>_____ Field trip shirt and pants</p> <p>_____ School uniform <b>Dress code appropriate free dress</b></p> <p>_____ Professional dress <b>for car ride and Friday</b><br/><i>(Collared shirt/tie/pants for boys<br/>Dress/skirt or collared shirt/slacks for girls)</i></p> |
| <p align="center"><b>Cost</b></p> <p>\$ _____</p>  | <p align="center"><b>Food</b></p> <p>_____ Sack lunch</p> <p>_____ Bring money for lunch <b>\$10 for Thursday dinner</b></p> <p>_____ Your choice <b>\$10 for Saturday dinner</b></p>  |

**William DeWitt**

Teacher's Signature \_\_\_\_\_  
Teacher's Cell: \_\_\_\_\_

  
Principal's Signature \_\_\_\_\_  
Principal's Cell: (805) 263-8138

The form below must be returned to the teacher by \_\_\_\_\_ for the student to be included in the field trip.

Cut here, return the bottom slip to the teacher, and keep the top copy for your records.



**Linda Vista Adventist Elementary School  
Field Trip Consent Form**



Trip Destination \_\_\_\_\_ Date \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ Mother's name \_\_\_\_\_ Father's Name \_\_\_\_\_

Home phone \_\_\_\_\_ Mother's phone (work & cell) \_\_\_\_\_ Father's phone (work & cell) \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_ Physician's name Phone \_\_\_\_\_ Allergies \_\_\_\_\_

|  |  |
|--|--|
| <p align="center"><b>Permission to Participate</b></p> <p>If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached, the parent hereby consents to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering such service.</p> <p>Fees are ordinarily paid to the designated location prior to the event. If for any reason my student does not participate in the field trip, there will be no refund.</p> <p>My signature below as a parent or guardian gives permission for my child or ward to go on the described school trip with the above stipulations.</p> <p>_____<br/>Parent Signature</p> <p>_____<br/>Date</p> | <p align="center"><b>Driver/Chaperone Information</b></p> <p>_____ I can chaperone students on this trip.</p> <p>_____ I can provide transportation for this trip and can safely accommodate the following number of students: _____</p> <p>_____ No I cannot chaperone or drive for this trip.</p> <p>_____ I would like to donate \$ _____ toward a field trip scholarship for this event.</p> |
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