



Pacific Trails Middle School - 8th Grade Disneyland Trip

(SIGNATURES on the bottom portion and on the next page are REQUIRED when purchasing a ticket)

My son/daughter _____ (please **PRINT** full name) has my permission to go on the Disneyland trip under school supervision on Thursday, May 30, 2024.

I agree to the following conditions/behavior guidelines:

1. My student will
 - a. report to the gym at 7:00 a.m. and find their pre-assigned chaperone. Buses leave promptly at 7:15 a.m.
 - i. students **must have their ID card to board the bus** (park safety purposes)
 - b. re-board the bus at the park at 6:00 p.m. – Departure from the park is 6:15 p.m.
 - c. arrive back at PTMS by 7:45 p.m. (traffic permitting)
2. Students who do NOT go to Disneyland MUST attend school all day. This is NOT a free day off for 8th graders not going on the trip.
3. Students cannot use previously purchased Disneyland tickets or passes for this trip. This is a **school package**.
4. Students will be assigned to buses alphabetically and **must** ride the **same** bus **both** ways. Parents may not pick up students from Disneyland. There are no exceptions, unless Disneyland Security is involved.
5. While at Disneyland, all school behavior guidelines and rules apply. Disneyland has its own Security. Students who are detained by Disneyland Security will only be released to their parents. Parent(s) will need to drive to Anaheim to get their detained student.
6. Students **must have their ID card, the signed bottom portion of this page, AND the signed permission slip on page two to purchase a ticket**. Tickets are \$180^{***}. Checks are made payable to PTMS. **TICKETS WILL BE SOLD FROM MARCH 4, 2022 THROUGH MARCH 15, 2024 ONLY!** The \$180 covers entrance to the park and the round trip bus ride only. Extra money will be needed for food and souvenirs.
7. Students **without an ID card** may order one at the front office for \$5. Ordered ID's take a week to be delivered.
8. The Assistant Principal will make the final decision as to who is eligible to go on this "good behavior" school trip.
9. If a student is unable to make the trip, only those students **eligible** will receive a partial refund of \$130 because transportation costs are non-refundable.

Cut along the dotted line below and return the bottom portion

Signature below acknowledges that I have reviewed with my child and agree to the above conditions/behavior guidelines.

Student Name (please print full name): _____

Parent Name (please print full name): _____

Parent Signature Granting Permission: _____

Parent Emergency Phone Number _____

Alternate Parent Emergency Phone Number _____

Student Cell Phone #: _____

Please check one: Paid in Full _____ Paid in part (list amount): _____

****Financial assistance is available for students in need. Please contact your students Counselor or PTMS Admin at 858.509.1000 by March 15, 2024. If you are interested in sponsoring an additional student by providing financial assistance, or have any questions, please email Vetha at vetha.pierce@sduhsd.net.*

San Dieguito Union High School District Field Trip Permission Form

3541.1 / AR-2 Attachment
6153.1 / AR-2 Attachment

Name of Student: _____	Activity: _____
Activity Date(s) : _____	Location: _____
Departs/Returns: _____	Teacher: _____ Period: _____
<input type="checkbox"/> AM <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> PM	
Transportation: <input type="checkbox"/> School Bus/Van <input type="checkbox"/> Private Car <input type="checkbox"/> Charter Service <input type="checkbox"/> Walk	Driver: <input type="checkbox"/> School District Employee <input type="checkbox"/> Parent/Adult <input type="checkbox"/> Charter Service Employee <input type="checkbox"/> Student

I understand and agree that my participation in the activity or trip is not to be used as an excuse for absence other than for the period indicated above. I know that I am responsible for all class work missed. I understand and agree that I remain under the jurisdiction of the school district while participating in this off-campus activity and I will abide by all rules set forth by the faculty, principal, superintendent, or Board of Trustees.

Student Signature

ALL TEACHERS MUST GRANT APPROVAL FOR STUDENT TO PARTICIPATE IN TRIP OR ACTIVITY

Per.	Class	Approve	Disapprove	Teacher Signature
1				
2				
3				
4				
5				
6				
7				

To Be Completed by Parent/Guardian:

I, the undersigned, hereby grant permission for my child to participate in the above named activity.

In accordance with Education Code §35330, I, the undersigned, hereby RELEASE, DISCHARGE and HOLD HARMLESS the San Dieguito Union High School District, the Board of Trustees, its officers, employees and agents from all liability, including injury, death, or other damages, occurring in the course of or while traveling to or from the above named activity which my child may suffer or cause another person to suffer arising out of, or in connection with, or resulting from my child's participation in the above named activity.

EMERGENCY: In an emergency, I give my consent: For family physician, EMT and/or hospital to provide emergency treatment to my son/daughter: No Yes

Student has medical insurance? No Yes Medical insurance in: Father's name Mother's name

Medical Insurance Carrier: _____ Policy/Group #: _____

Insurance Contact Number(s): _____

Parent/Guardian Signature

Date

Telephone Number