

Dear Parents,

Thank you for signing up for the Sacramento trip! It will be here before you know it! To prepare for this trip these are the things you must keep in mind:

- Final Payment is due 1/31 to Travel Teens
Payment can be made by check payable to:
Travel Teens
1580 W. Cerritos Blvd. Anaheim, CA 92802
or thru PayPal If you choose Paypal there is a \$20 per person charge and it must be paid in full. Do not make checks to Hearst!
- Up to 60 days before the tour, a full refund will be made less \$ **50.00** deposit.
- **No refunds will be made once airline tickets have been purchased 2/10/12**
- **Student/Adult Fare:** \$499.00/per person Quad occupancy
\$509.00/per person Triple occupancy
\$529.00/per person Double occupancy

Included in your Sacramento Packet is the following:

Permission Slips for Adults

Permission Slips for Students

Health Forms

Roommate request- we have several students that have no adult going. We will need to place in rooms. This brings the cost down for everyone in the room.

Passenger List for Bus 1 and Bus 2

To Do List:

- Sign & return permission slips
- Fill out health forms on students
- Verify your name is spelled correctly on your passenger list by initialing next to it.
- Please put your birthday and child's and gender on Passenger list
- Check to see if you are on bus 1 or 2 as each have separate flights etc.
- Send payment to Travel Teens by 1-31

Please return the forms as soon as possible to your child's teacher. Travel Teens will accept partial payments before the trip if that helps with budgeting.

Please contact Mrs. Leyden if you have any questions. lleyden@sandi.net
619-583-5704 or Michelle Rodin mrodin@sandi.net

Parent fill out
on student.

(SAMPLE)

MEDICAL FORM

Student's Name _____ Date of Birth _____

Address _____ Telephone _____

Parent/Legal Guardian _____

Parent's Employer _____ Telephone _____

EMERGENCY PHONE NUMBERS

email: _____
cell: _____

Day Phone _____

Father _____ Mother _____ Friend _____

Evening Phone (other than home) _____

MEDICAL INFORMATION

Medicines in student's possession _____

List any allergies to medications _____

Date of last tetanus shot _____

List any pertinent medical history or chronic medical problems _____

Medical Insurance

(Insurance company)

(Name of insured)

(Policy Number)

Signature _____
(Parent/Legal Guardian)

Date _____

Adult Permission

SAN DIEGO UNIFIED SCHOOL DISTRICT
Office of the Superintendent

STATEMENT OF ACKNOWLEDGMENT AND CONSENT
TO CONDITIONS OF TRIP

(Adult, not an Employee or Student in the District)

Parents
Sign this
if you are
going on trip.

I, _____, am the _____
(name of adult) (indicate relationship to student, e.g., parent or other relative)

of _____, a student enrolled at Hearst Elem.
(name of student) (name of school)

a public school operated by the San Diego Unified School District.

I understand that a group identified as 4th - 5th Hearst Elem.
(describe group)

enrolled at the following schools(s): Hearst Elem.

has been offered the opportunity to participate in a field trip to Sacramento.

and that I have been asked to accompany these students on their trip during the period from

April 2, 2012 to April 3, 2012.

I understand that my participation in the aforementioned program, including the field trip, is voluntary. I agree to pay all expenses for my participation in the field trip including, but not limited to, the cost of airfare and such insurance as may be required by the San Diego Unified School District.

I am aware of the provisions of Education Code Section 35330, which states in part that "... All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during, or by reason of, the field trip or excursion..."

I have read and understand the foregoing statement and sign it below voluntarily.

Executed in the City of San Diego, County of San Diego, State of California, on

X _____
(date and year)

X _____
(Signature)

X _____
(Print or Type Name)

Parent email:

Student Permission

Parent fill out
to give
permission for
your child to
go on trip.

SAN DIEGO UNIFIED SCHOOL DISTRICT

Office of the Superintendent

AUTHORIZATION FOR STUDENT PARTICIPATION
MULTIPLE-DAY FIELD TRIP OR ACTIVITY

I, the undersigned, am the parent/guardian of: _____

a student enrolled in San Diego Unified School District, request and give permission to have my son/daughter, named above, participate in a field trip to:

(Destination) Sacramento

(Dates) From April 2nd 2012 to April 3rd 2012

I understand that participation in this field trip is entirely voluntary. I voluntarily agree to pay all expenses necessary for the above-named student to participate in the field trip, including, but not limited to, the cost of transportation, food, lodging, and such insurance as may be required by the San Diego Unified School District.

I understand that any travel arrangements made through a travel agency are the responsibility of that agency alone.

I am aware of the provisions of the California Education Code Section 35330, which states, in part, that "...All persons making the field trip or excursion shall be deemed to have waived all claims, against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion...."

I further agree that in the event, in the opinion of a duly authorized representative of the San Diego Unified School District, it becomes necessary to procure emergency medical care for the above-named student due to accident or illness, such care may be procured without my further consent. I personally assume responsibility for any costs of such care not covered by insurance.

Executed in the city of San Diego, County of San Diego, State of California, on

Date

Parent/Guardian

Address:

Telephone: _____

email: _____

Roommate Form

We will be staying at the Embassy Suites on Front St. in Sacramento. Cost of the trip (\$499) is based on 4 people in each room. We have students going that need to be placed in rooms. Please fill out the room assignment. If you have less than 4 you will pay:

3 people in a room-\$509 per person
2 people in a room-\$529 per person

1. _____
2. _____
3. _____
4. _____

Please don't put someone in your room who has not agreed to sharing a room. Contact Mrs. Leyden if you would like someone to share but need contact information.

There will be two groups going that day. They will be separate the whole day except for the hotel. You can have people from either bus in the same room. Included is a list of bus #1 passengers and bus #2 passengers. If you are not happy with your group placement please notify Mrs. Leyden ASAP. Thanks!

I agree to pay _____ (\$499-\$509-\$529) per person based on _____ (quad, triple or double) occupancy. I have also reviewed the bus lists.

Signature _____

SCHOOL NAME

REC LOC.

DATE OF TRAVEL

RODIN

Hearst II

2-Apr-12

Number	Last Name*	First Name*	Birth Month*	Birth Date*	Birth Year*	Gender*
<i>Example</i>	<i>Doe</i>	<i>John</i>	<i>6</i>	<i>20</i>	<i>1987</i>	<i>Male</i>

1	Duncan	Aubriel
2	Duncan	??? Sibling)
3	Duncan	Jill
4	Thomas	Eric
5	Thomas	Sue
6	Osuna	Horacio
7	Dilbeck	Eli
8	Dilbeck	David
9	Handler	Charles
10	Handler	Robert
11	Feinberg	Leah
12	Feinberg	Mark
13	Benink	Zoe
14	Benink	Eric
15	Shifler	Leah
16	Merino	Kyle
17	Sawyer	Chris
18	Sawyer	John
19	Hosking	Gavin
20	Hosking	Kevin
21	Thurman	Josh
22	Thurman	Amanda
23	Humphrey	Mary
24	Rodin	Michelle
25	Rodin	Serenity
26	Yokoyama	John
27	Yokoyama	Rebecca
28	Shira	Mia
29	Bothwell	Laura
30	Stoneking	Sharon
31	Stoneking	Mark
32	Stoneking	Nicholas
33	Schenck	Theo
34	Schenck	Matthew
35	Teaze	Emily

Please check spelling as this will be the name on your airline ticket. Please initial it is correct or make change. Please add birthdate + gender

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SCHOOL NAME

REC LOC.

DATE OF TRAVEL

LEYDEN

Hearst I

2-Apr-12

Number	Last Name*	First Name*	Birth Month*	Birth Date*	Birth Year*	Gender*
<i>Example</i>	<i>Doe</i>	<i>John</i>	<i>6</i>	<i>20</i>	<i>1987</i>	<i>Male</i>
1	Arceneaux	Imran				
2	Balcazar	Ian				
3	Stathorakis	Michael				
4	Stathorakis	George				
5	Matthews	Zachary				
6	Matthews	Nili				
7	Palmer	Shaela				
8	Palmer	Tiffany				
9	Lozano	Alyssa				
10	Cooper	Sydney				
11	Veseliny	Tyler				
12	Williams	Adeline				
13	Brazil	Ella				
14	Brazil	Lindy				
15	Gefrom	Any				
16	Gefrom	Quinn				
17	Kalotov	Daniel				
18	Nowicki	Daniela				
19	Nowicki	Michele				
20	Miller-Hecht	Grace				
21	Martinez	Jane				
22	Martinez	Julie				
23	Rynard	Sergio				
24	Ryan	Meredith				
25	Ryan	Jack				
26	Huynh	Brian				
27	Huynh	Calvin				
28	Huynh	Ha				
29	Lin	Qianyi (Karen)				
30	Glasser	Kaili				
31	Pinto	Barbara				
32	Leyden	LeAnn				
33	Kwan	Krystal				
34	Gaddy	Jada				
35	Gaddy	Jessica				
36	Gaddy	Kiim				
37	Salabarría	Abby				
38	Salabarría	Ysabel				
39	Price	Hannah				
40	Kiley	Lauren				
41	Bagalini	Jacqueline				
42	Okamura	Kiana				
43						
44						
45						
46						

Please check spelling as this will be the name on the airline tickets. Please initial if correct, or make change. Please add birthdate & gender.