



Enochs High School Senior Trip



Begins at 10pm on May ~~13-17~~⁸⁻¹⁰, 2024

\$360.00 PER STUDENT INCLUDES ALL BUS AND DISNEY ENTRY
THIS IS A VOLUNTARY SCHOOL ACTIVITY.

1st Payment of \$120.00 is due no later than Friday, December 8, 2023

2nd Payment of \$120.00 is due no later than, Friday, February 2, 2024

Final Payment \$120.00 is due no later than Friday, March 1, 2024

Note: To reserve your space, students must pay the 1st payment and turn in the completed permission forms by December 8, 2023.

Refund Policy: NO REFUND REQUESTS accepted after February 2, 2024.
Refund requests received before February are still not guaranteed.

IMPORTANT NOTES

No Refunds:

Unfortunately, your seat is paid for whether you go or not.
See the SBO for more info.

Fundraisers:

You must have both a trip permission slip and a fundraiser permission slip on file in the SBO prior fundraising. **Participating in fundraising DOES NOT reserve your spot on the bus you MUST make a down payment of \$10 and stay up to date on payments to reserve your spot.**
You will have 3 two-week blocks for fundraising, if you wish to participate.
November 27 - December 8, January 22 - February 2, February 18 - March 1

Payments Accepted:

Before school, after school and at lunch only
Payments will only be accepted until 4:00pm
Deadlines are firm – no late payments accepted
Cash (COINS WILL NOT BE ACCEPTED), check, VISA, Master Card & ATM are accepted. Checks payable to Enochs High School and put your ID number on the memo line to ensure accurate credit to your account

Payment Schedule:

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To reserve your space, students must pay the 1st payment and turn in the completed permission forms by December 8, 2023.

Eligibility:

All participants must be eligible based on 3rd quarter grades and citizenship. See conduct code for more info.

Remind:

Please join the Enoch's Senior Trip Remind 2024
Last Name A-G: text @ad6gha to 81010
Last Name H-M: text @e8fd8d to 81010
Last Name N-Z: text @bfecag to 81010

**VOLUNTARY EXCURSION/FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION –
MINOR/STUDENT**

Dear Parent/Guardian:

Kindly complete and return this form to The Enochs SBO.

_____ has my permission to participate in the following voluntary activity:

Senior Trip
Destination: Disneyland for the 2024 Senior Trip

Transportation is: ☒ District Provided - ☐ District Vehicle ☐ Volunteer (Private Vehicle)
☐ Non-District Provided (Transportation to/from this event is on your own. The District shall NOT be responsible for and shall not assume liability for any injury or loss which may result from such non-District provided transportation.)

Departure Date & Time: May 15, 2024 Return Date & Time: May 17, 2024
May 8, 2024 May 10, 2024

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330, I understand that I waive all claims against the District, its officers, agents, volunteers, and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the District, its officers, agents, volunteers, or employees.

The Supervising Teacher or Sponsor will discuss field trip rules and safety requirements with students and adult chaperones prior to the field trip, which may include dangerous or hazardous conditions or circumstances exposing the Student to potential harm or injury, potentially including death. Students are required to obey all rules and safety requirements of the field trip, as well as Codes of Conduct and general standards for respect of persons and property and good behavior. I understand and agree that failure of the Student to follow field trip rules or safety requirements may result in the Student being sent home, at my expense, and that the Student may be barred as a result from future field trips.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone: _____

Student Signature: _____ Date of Birth: _____

Medical Insurance Carrier

Policy No.

Address

A special note to Parent/Guardian: (1) All medications must be registered on this form; (2) All medications, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff; (3) ☐ Check here if there are special problems that the staff should be aware of and no medications are required on the trip; (4) If any medications or drugs are to be taken by student, list them here: (Name of medication(s) and reason) _____. If your son or daughter has a special medical problem including severe allergies, kindly attach a description of that problem to this sheet.

*

Student ID #

MODESTO CITY SCHOOLS

VOLUNTARY ACTIVITIES PARTICIPATION FORM

ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my child, _____ to participate in the District sponsored

activities of 2024 Senior Trip to Disneyland

5/8 - 5/10/2024
on 5/15-17/2024
Date

School Site Enochs High School

Teacher/Principal Mr. Woodbridge

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

- Sprains/strains
- Fractured bones
- Communicable diseases
- Paralysis
- Loss of eyesight
- Head and/or back injuries
- Unconsciousness
- Death

1. I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the Modesto City Schools for course credit or for completion of graduation requirements.
2. I understand and acknowledge that in order to participate in these activities, I and my child agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.
3. I understand, acknowledge, and agree that the Modesto City Schools, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by my child which is incident to and/or associated with preparing for and/or participating in this activity.
4. I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

Parent/Guardian

Date

Student Signature

Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the District before a student will be allowed to participate in the above extra-curricular activities.