



Who: all 6th graders

What: 2nd Annual Welcome Back to School
Carnival

When: Friday, September 15, 2017

3:30pm-5:00pm

Where: Quad

Why: Celebrate the new school year

\$5.00 Includes:

Admission

Hot dog

Popcorn

Water

Otter Pop

Carnival Activities

Please have a guardian sign the permission slip and bring it to the quad at lunch with \$5.00 to purchase your ticket. Sales dates: 9/7 thru 9/13. Don't miss out. Thank you WEB.

Poway Unified School District
Poway, California 92064

PERMISSION SLIP

The activity described below is entirely VOLUNTARY. If you, your child, or another invited guest want to participate, it will be necessary to specifically request it. Please complete this application form and return it to the school.

Education Code 35330 provides that any person attending a field trip or excursion must waive all claims against the school district and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. **Accordingly, I hereby waive all claims which I may have against the Poway Unified School District,** its officers, agents, and employees for injury, accident, illness, or death occurring during or by reason of the activity described above.

District policy states that students are not allowed to transport other students to/from extracurricular activities.

I, the undersigned, request that the person named below be granted permission to participate in this voluntary activity.

I, the undersigned, request that the person named below not participate in the voluntary activity and a suitable alternate assignment will be arranged.

_____ a student/parent at Twin Peaks Middle School

Wishes to participate in 6th Grade Carnival
(activity name or description)

from 9/15/17 / 3:30 pm to 9/15/17 / 5:00 pm
(date) (time) (date) (time)

or during _____ / Transportation will be provided by:

School Bus Charter Bus Private Auto Other N/A

Medical Authorization: In the event of an accident or sudden illness, the school district has my permission to render whatever emergency medical treatment might be deemed necessary for my child.

Date Signature of Parent or Guardian () Primary Phone Number

Student Cell Phone Number

Date Signature of Student (if over 18 years of age)

The Poway Unified School District (PUSD) is an equal opportunity employer/program and is committed to an active Nondiscrimination Program. PUSD prohibits discrimination, harassment, intimidation, and bullying based on actual or perceived ancestry, age, color, disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sex, sexual orientation, or association with a person or a group with one or more of these actual or perceived characteristics. For more information, please contact the Title IX/Equity Compliance Officer, Associate Superintendent, Poway Unified School District, 15250 Avenue of Science, San Diego, CA 92128-3406, 858-521-2800, extension 2761