

**Woodland Community
College Upward
Bound & Talent Search**



UC BERKELEY & STANFORD TOURS

APRIL 2 - 4, 2024

Pick up on 4/2:

CCC: 6:20AM

WCC: 7:20 AM

Drop off on 4/4:

CCC: 1:10 PM

WCC: 12:00 PM

**PERMISSION SLIPS DUE 3/8/2024 TO
UB/ETS SPECIALIST OR YOUR COUNSELOR
BY END OF SCHOOL DAY**

Priority given to 10th & 11th grade students who are in good standing (attendance, GPA, etc) with their program. Students who have not yet attended a trip will also be given priority.

Educational Talent Search & Upward Bound

UC BERKELEY & STANFORD TOURS

UC Berkeley, Stanford, Pier 39, Santa Cruz Boardwalk, Alcatraz Island

- ★ If you are interested in attending, please return the permission slip to the ETS/UB office or your school counselor by **March 8, 2024 by the end of the school day.** **NO EXCEPTIONS! SPOTS ARE LIMITED, SO APPLY EARLY!**
- ★ Your parent/guardian will need to help you arrange transportation to and from the pick-up and drop-off locations:
Woodland Community College (WCC): 2300 E. Gibson Street, Woodland CA 95776 OR AT (CCC) Colusa County Campus; 99 Ella Street, Williams CA 95987
- ★ A message will be sent to you to inform you whether or not you have been selected to attend the college visit. Due to limited space, unfortunately, we are not able to accept all students that submit permission slips.

Please discuss the college visit with your parent/guardian and return the enclosed permission slip by:

March 8, 2024

Questions?

Woodland Community College 2300 E. Gibson Road Woodland, CA 95776 Room 850 (530) 668-2590	Colusa County Campus 99 Ella Street Williams, CA 95987 (530) 668-2506
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Upward Bound

Spring Field Trip Permission Slip



Name of Activity: UC Berkeley & Stanford
Campus Tours

Destination(s): Bay Area

Date(s): 4/2/24-4/4/24

Pick up: CCC @ 6:20 am

Method of Travel: Bus

Drop off: CCC @ 1:10 pm

DUE MONDAY 3/8 NO EXCEPTIONS!!!

Student Name: _____ School _____

- Yes, please save me a seat. I will be attending the UC Berkeley & Stanford Campus Tours.
- No, I will not be able to participate in this field trip.

Reason:

If there are any new/changes to the student medical history, contact UB Specialist to update information. The student must provide and self-administer any medication they may be taking.

Behavior Contract

Upward Bound (UB) trips are not an automatic benefit of participating in the program; in fact, they are an earned privilege. Any time that UB students are together, they are representatives of UB, Woodland Community College, their families, schools, and themselves.

I understand and agree to the following rules of conduct, which are in force from the time I arrive at the pick up location until the time I return to the drop off location:

- Zero tolerance for alcohol, tobacco, and drug policy will be strictly enforced!
- I will wear the appropriate clothing and comfortable walking shoes (be prepared for warm and cold weather).
- I will follow the schedule and be where I am supposed to be at the appointed times.
- I will not steal, borrow (without permission), deface, damage, or destroy public or private property.
- On guided tours, lectures, presentations, or wherever a person is speaking to me in an official capacity, I will:
 - Silence my cell phone and not call/text
 - Not bring any form of music or games
 - Be respectful, attentive and courteous.
- On overnight trips, I will not switch from my assigned hotel room, nor will I enter the room of anyone of the opposite sex, without a staff member being present.
- I will not do anything that will bring discredit to Upward Bound or my fellow participants.

If any part of this contract is broken, my parent/guardian will be called to come pick me up immediately, regardless of our location, and I will be dismissed from the program.

Student Name (printed)

Student Signature

Date

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date

YUBA COMMUNITY COLLEGE DISTRICT

FIELD TRIP/EXCURSION WAIVER STATEMENT AND MEDICAL AUTHORIZATION--MINOR

_____ has my permission to participate in the voluntary activity specified below,
Name (Print) and, as such, is not required by the District.

Field Trip/Excursion (Including Destination): _____

Departure Date & Time: _____ Return Date & Time: _____

Pursuant to the California Code of Regulations, Subchapter 5, Section 55220, I understand that I hold the Yuba Community College District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

In the event of illness or injury, I 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. It is understood that the resulting expenses will be the responsibility of the parent or guardian.

Medical Insurance Carrier	Policy No.	Address
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A special note to Parent/Guardian: (1) All medications must be registered on his form; (2) All drugs, 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 no special problems that the staff should be aware of and no medication is required on the trip; (4) If any medication is to be taken by student, list them below.
(Name of drug and reason) _____

If your child has a special medical condition, please attach a description of the problem to this sheet.

I fully understand that participants must abide by the Student Code of Conduct or Community Education Guidelines, whichever applies. Any violation of the rules and regulations specified in these documents may result in that individual being sent home at the expense of his/her parent/guardian.

I understand and acknowledge that if the District is not providing the transportation that it is my responsibility to arrange for my child's transportation to and from the activity.

If the District is not providing transportation I further understand:

- The driver of the vehicle in which the student is riding, either as driver or passenger, is not driving on behalf of or as an agent of the college, and the college has not verified the driving record of the driver, the liability insurance of the vehicle, or the condition of the vehicle.
- The District is in no way responsible, nor does the District assume liability, for any injury or loss that may result from the student's transportation.

Parent Name (Print)	Phone
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Parent Signature	Date
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Student Signature	Date
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12/17/2007

Pierce Joint Unified School District

FIELD TRIP PERMISSION SLIP

*Date of Activity: ____/____/____

Name of Student: _____ has the opportunity to take part in a series of school activities away from school. Participation in these events is purely voluntary and requires your written permission. If you approve the following arrangement, please sign at the bottom and return the form to the trip supervisor or coach.

Nature of Activity: _____ *Place: _____

Materials Required: _____

Departure Time: _____ Place: _____ Return Time: _____

PARENT PERMISSION AND EMERGENCY MEDICAL RELEASE

Transportation: I understand that students must use the means of transportation checked below both to and from the event, unless written permission by parent/guardian is presented to school officials prior to departure. I further understand that every reasonable caution will be maintained on the trip.

District-owned Bus District-owned vehicle Private Vehicle Walking

Other: _____

Trip Supervisor: _____

I am aware of my child's grades and allow him/her to attend this field trip. I understand that all students going on this trip will be responsible in conduct to the bus driver and to teachers or adult supervisors. It is further understood that should my child misbehave, I may be required to come and pick him/her up.

I am aware that California Education Code 35330 provides 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 in the case of medical emergency, illness, or injury that the supervisor has my express permission to take the above-named student to a doctor or medical facility to receive emergency treatment.

Date: _____ Home Phone: _____

Parent/Guardian Signature _____ Emergency/Work Phone: _____

IMPORTANT MEDICAL INFORMATION THE SUPERVISOR SHOULD KNOW: _____

Period	Subject	Grade to Date	Teacher Signature
1			
2			
3			
4			
5			
6			
7			

I understand I must complete any missed assignments and if I do not, I may be excused from future activities.

Student Signature: _____

This form will be kept by the supervisor at all times during the activity.

*** For schedule of events (if more than one event) see attached sheet.**

Pierce High School Code of Conduct for Instructionally Related Activities (IRAs)

School-sponsored instructionally related activities are planned with an educational objective and designed to enhance the classroom education of students. In order that everyone receives maximum benefit from their participation in the IRA, students who wish to exercise the privilege of participation in IRAs serve as ambassadors of the school and must conduct themselves in accordance with the standards for behavior listed below at all times.

1. Respect public and private property at all times.
2. Obey all of the rules and policies outlined in the student handbook
3. Conduct oneself in a courteous and respectful manner at all times.
4. Do not engage in behavior that includes fighting, bullying, vandalism, lewd behavior (including sexual activity), possession of a weapon, threatening, stealing or accompanying others who are engaging in these behaviors.
5. Remain in the presence of adult supervisor at all times, unless explicit consent has been given by a supervisor.
6. Follow directions and instructions of chaperones without fail.
7. Refrain from bringing, purchasing, consuming, or being in the presence of drugs, alcohol, or tobacco. Understand that choosing to bring, consume, or being in the presence of others who are consuming will lead to suspension and/or expulsion, as well as immediate termination of the field trip privilege. Consequences will be applied regardless of whether the student brought or consumed alcohol, tobacco, or drugs, or has associated with or is in the presence of others who are consuming drugs, alcohol, or tobacco.
8. Consent to a baggage check by appropriate school supervisor prior to leaving for the IRA, and upon return.
9. For overnight IRAs:
 - a. Abide by the curfew established by the adult supervisors.
 - b. Spend each night in the assigned room.
 - c. No student may leave his/her assigned room for any reason after the curfew without a chaperone's permission and presence. The only exception to this rule is when all hotel guests are to respond immediately to a fire alarm or other emergency situation.
 - d. No student shall be alone in another student's room when the other student is of the opposite gender, unless a chaperone is present.
 - e. Allow the search of the room and personal belongings at any time as deemed necessary by the appropriate school supervisors.
10. All students are expected to attend school for the entire school day. Students are expected to attend all classes prior to the departure for the IRA, and if an IRA finishes before the end of the school day, students are expected to immediately return to their remaining classes until the conclusion of the school day.

Any violation of the Code of Conduct for Instructionally Related Activities will result in appropriate disciplinary action by adult supervisors, including, but not limited to, possible dismissal from the trip.

I have read Code of Conduct for Instructionally Related Activities and agree to abide by all of the regulations therein.

Signature of Student

Date

I have read Code of Conduct for Instructionally Related Activities and understand that if my child should break the code of conduct in a way that requires his/her dismissal from the instructionally related activity, he/she will be returned home at my expense. I understand that the team of adults leading the trip has the final decision in enforcing these standards.

Signature of Parent/Guardian

Date

PARENTAL SIGNATURES REQUIRED ON THE FRONT AND THE BACK!