



HARMONY SCHOOL OF INNOVATION EL PASO

5210 Fairbanks Dr. El Paso, TX 79924 Phone: (915) 757-2929 Fax: (915) 757-2202

PARENT APPROVAL FORM 9th Grade La Union Corn Maze Trip

Date of Receiving Permission Slip: 10/24/17

Due date to turn in Permission Slip and Fee: 11/2/17

Date of Trip: 11/7/17

Fee: \$9

Students may bring extra money for snacks/concessions sold at the Corn Maze.

Dear Parents,

HSI-El Paso and the 9th grade mentors are arranging a LA UNION CORN MAZE trip for 9th graders. This will give the students the opportunity to learn about the importance of plantations.

This form MUST be signed and returned.

Parent approval will not be obtained by telephone.

Contact: Mr. Smith (915-667-6783) and (marcos.smith@harmonytx.org)

Ms. Avalos cavalos@harmonytx.org

Ms. Cerecerez ncerecerez@harmonytx.org

Ms. Gabriel sgabriel@harmonytx.org

Ms. Ozer bozer@harmonytx.org

Ms. Sierra ssierra@harmonytx.org

LOTE Teachers.

Mr. Gurlek
Principal



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PARENT APPROVAL FORM 9th Grade Pumpkin Patch Trip

I, _____ (student name) pledge to abide by all district policies of the Harmony School of Innovation-El Paso handbook. I understand that I am governed by the same rules on this trip as when I am at school. Any failure to adhere to these policies will result in disciplinary action.

(Student Signature)

Grade

Date

We (I), the parent (s)/guardian(s) of the student mentioned above understands and agrees that the trip is a school sponsored activity and function. This release is intended to cover all injuries of every name, type, kind or nature, and personal property damage, if any, which may be sustained or suffered from any cause connected with or arising out of, or from participation in the listed events. I understand I am responsible for transportation costs if my child is required to return home for disciplinary measures. I understand I will be given a choice of mode of transportation to be used.

Emergency Medical Release Form

Name _____

Parent/Guardian _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact/Phone _____

Insurance Company/Policy/Group # _____

Doctor's Name/Number _____

Blood Type _____ Known Allergies _____

Medication _____

Any Additional Medical Information _____

In case of emergency, I authorize emergency treatment to be administered if I cannot be contacted.

Parent/Guardian Signature

Date