

**IUSD HIGH SCHOOL SACRAMENTO TRIP
ON EDUCATION ISSUES
FOR JUNIORS AND SENIORS ONLY
Wednesday, March 5, 2019**

Application Deadline - Extended: Friday, December 14 2018

Goals for the Conference:

- Students will explore education issues that impact IUSD, form their own views and meet with state lawmakers and staffers to express their concerns regarding public education.
- Students will hear from a variety of experts in state education policy.
- Students will network with other students from Irvine, IUSD administrators, and IUSD board members.

1. **Application form and field trip waivers:** Please bring the attached field trip waivers signed by a parent along with this form and your answers to the front office by 12/12/18. There will be a red box which you can deposit them into.
2. **Schedule:** Depart at 7:15am on Mar. 5, 2019 from John Wayne airport and return the same evening around 9:30pm. Student must be available all day to attend the trip.
3. **Required Meetings Prior to the Trip:**
Five evening meetings at the high school campuses: 1/28 (Mon), 2/4 (Mon), 2/12 (Tues), 2/20 (Wed), 2/25 (Mon), from 6:00-7:30pm
4. **Registration Fee:** University High School PTSA will cover fees which includes round trip airfare, ground transportation in Sacramento and lunch. (Transportation to and from John Wayne airport and dinner at the Sacramento airport will be on your own.)
5. **Essay Questions:** Please respond thoughtfully and briefly to the three questions below. Your responses will assist teacher/administrator panel in selecting the student attending this year's trip. Your answers should be typed on a separate paper and attached to this form. A personal interview might be required.

ON A SEPARATE SHEET, PLEASE ANSWER BRIEFLY:

1. What is an issue in California public education that you are passionate about? What are examples of questions you might ask state policy makers regarding this issue? Don't be afraid to do a little research if you need to.
2. Why do you think you are a good choice to represent University High School? What will you bring to the team (skills, knowledge, experience) that will benefit your peers?
3. How do you think you will grow from an experience like this?

While you don't need to be a PTSA member to apply, if selected, you must join your PTSA. Questions? Contact Hideh Hassani, UNI PTSA Legislative Advocacy Rep. at Hideh.Hassani@hotmail.com

Student Cell #: _____

Parent Phone # _____

Email: _____

Parent e-mail: _____

IRVINE UNIFIED SCHOOL DISTRICT
EXCURSION/FIELD TRIP WAIVER AND MEDICAL AUTHORIZATION - MINOR
(Education Code Section 35330)

Name of School: **University High School**

I hereby give my permission for my child, _____, to participate in the following trip:

PTSA Sacramento legislative action field trip on March 5th, 2019.

I fully understand that my child is to accept all rules and requirements governing conduct during the field trip. It is understood that any child determined to be in violation or unfulfilling of these behavior standards will be sent home at the parents' expense.

I, the undersigned, hereby release and discharge the Irvine Unified School District, officers, employees, agents and servants (herein) collectively referred to as "District") from all liability arising out of or in connection with the above described field trip or excursion. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits, or judgments of any and every kind that I, my heirs, executors, administrators or assignees may have against the District because of any death, personal injury or illness, or because of any loss or damage to property that occurs during the above described field trip or excursion and that results from any cause other than the negligence of the District.

In the event of any illness or injury, I hereby consent to whatever X-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s) or participant.

Signature of Parent or Guardian

Signature of Student

Address _____ Phone Number _____

Health Insurance Company _____ Policy Number _____

In the event of illness or accident and if different from above, please contact:

Name: _____ Address _____ Phone _____

SPECIAL NOTE TO PARENTS/GUARDIANS:

- (1) All drugs must be registered on this 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 drugs are required on the trip; (4) if any medication or drugs are to be taken by student, list them here:
- (2) If your son daughter has a special medical problem, please attach a description of the problem to this sheet.

Name of drug and reason:

