

# HERITAGE SCHOOL DISTRICT #8

Students Name: \_\_\_\_\_ Grade: \_\_\_\_\_

## FIELD TRIP PERMISSION

I give permission for the above named student to participate in school field trips. I understand that school rules involving student behavior and discipline will apply during the trips. Additionally, in the event of accident, illness or other emergency I can be reached at \_\_\_\_\_ (phone #). Should I be unavailable in the event of accident, illness, or other emergency, I hereby authorize Teachers/Chaperones to obtain necessary treatment. I further authorize medical treatment, including surgery, deemed necessary by an attending physician in any life-threatening situation.

## INSURANCE COVERAGE FOR EXTRA-CURRICULAR ACTIVITIES

All students who are going to participate in extra-curricular activities must have insurance coverage for accident or injury prior to the start of said participation. The school is not responsible for insuring, paying benefits, or medical expenses for student who sustain an injury/injuries while playing, practicing, or going to or from extra-curricular activities.

I, the undersigned parent/guardian understand that my child must be covered by insurance which includes accident/injury coverage in order to participate in extra-curricular activities. I have the following:

- \_\_\_ Family Insurance that provides coverage
- \_\_\_ Taken out the student accident insurance
- \_\_\_ Requested to waive this requirement

## DATA COLLECTION FOR ILLINOIS STATE BOARD OF EDUCATION

1. Hispanic/Latino (choose only one): \_\_\_ No, not Hispanic/Latino \_\_\_ Yes, Hispanic/Latino
2. Race (choose one or more, regardless of ethnicity status selected above):
  - \_\_\_ American Indian or Alaska Native
  - \_\_\_ Asian
  - \_\_\_ Black or African American
  - \_\_\_ Native Hawaiian or Other Pacific Islander
  - \_\_\_ White/Caucasian
3. Is a language other than English spoken in the home of the student? \_\_\_ Yes \_\_\_ No  
If yes, what language? \_\_\_\_\_
4. Does the student speak a language other than English? \_\_\_ Yes \_\_\_ No

## ACTIVE DUTY STATUS

Does this student have a parent or guardian who is a member of a branch of the armed forces of the United States and who is either deployed to active duty or expects to be deployed to active duty during the school year? \_\_\_ Deployed \_\_\_ Expects to be Deployed

## Daily ANNOUNCEMENTS:

Check box if you would like to receive daily announcements via email and list your email address below:

EMAIL ADDRESS: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_