



HARMONY SCHOOL OF INNOVATION EL PASO

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

PARENT APPROVAL FORM Lubbock/Texas Tech University/Bowling

Event Name: 9th Grade Texas Tech University in Lubbock Visit

Date of Receiving Permission Slip: 10/17/2017

Due date to turn in Permission Slip and Fee: 10/30/2017

Date of Trip: *Sunday, Nov 12, 2017 – Monday, Nov 13th, 2017*

Fee: \$85- pay at school and turn in with permission slip (credit/debit, check, money order, all with valid ID). This fee covers hotel and transportation. It does not cover meals, activities, or personal expenses.

- \$25- includes bowling, \$10 game card, 1 dinner, 1 lunch (to be turned in to Mr. Smith on Bus)

- Dinner on the way back home will be at a fast food restaurant at the student's expense

Dear Parents,

HSI-El Paso is arranging a Texas Tech University in Lubbock trip for 9 graders. The trip will give students an early look at college life and the admissions process. The trip will also give our 9th grade students the opportunity to bond as they are making their way through high school. It is one of the many opportunities that HSI offers in order to enrich educational value.

Schedule: A full itinerary will be sent home before the trip

- Sunday, Nov. 12th:
 - Leaving from School at 11:00am
 - Arrive at Main Event Bowling in Lubbock at 7:00pm
6010 Brownfield Rd, Lubbock, TX 79407
 - Arrive at Lubbock Hotel La Quinta 9:00pm
4115 Marsha Sharp Fwy, Lubbock, TX 79407
- Monday, Nov. 13th:
 - Lobby Call and Breakfast at Hotel 8:00am – 8:45am
 - Texas Tech University – 9:00am – 3:00pm (includes campus lunch)
 - Arrive at HSI between 8:00pm and 8:30pm

This form MUST be signed and returned.

Parent approval may not be obtained by telephone.

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

Mr. Smith
High School Counselors

Mr. Gurlek
Principal



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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