

**Coral Glades High School**  
**GRAD BASH 2019 UNIVERSAL STUDIOS ORLANDO**  
**ONLINE PAYMENT PERMISSION SLIP**

**High School Single Field Trip Parent/Legal Guardian Authorization Form**

Student Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

I authorize my student to utilize the following type of transportation:

School Bus \_\_\_\_\_ Charter Bus X Parental Responsibility \_\_\_\_\_ Private Vehicle \_\_\_\_\_

- No motorcycles/scooters/mopeds permitted as transportation
- Maximum capacity is one (1) person per seat belt.

- Field Trip Destination: \_\_\_\_\_ Grad Bash Orlando Universal Studios \_\_\_\_\_
- Departure Date/Time: \_\_\_\_\_ Saturday, Apr 6, 2019, 11:00 a.m. \_\_\_\_\_
- Return Date/Time: \_\_\_\_\_ Sunday, Apr 7, 2019 7:00 a.m. \_\_\_\_\_

**\*Cost: \$125**  
**\*Online payments may be made from January 14 – February 22.**  
**\*Permission Slips and Payment Receipt Due one week after online payment. (No refunds given.)**

**EMERGENCY CONTACT**

In case of emergency, I may be reached at:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

In the event that I cannot be reached, please contact:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**HEALTH/ACCIDENT INSURANCE**

My student is covered by twenty-four (24) hour student accident insurance or family insurance:

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ (or I've attached a copy of my family insurance identification card.)

\_\_\_\_\_ I do not have insurance, however, I will pay any and all medical bills for emergency care of my student.

FORM #4359

REV 8/16

QSQ 9853/RISK MGMT 9711

\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent or Guardian / Date

This event is a school sponsored activity, therefore, the School Board of Broward County's Student Code of Conduct and Discipline will be in effect. Any infraction of these rules may result in being asked to leave the event, or school discipline, which can include suspension and expulsion.

- NO alcoholic beverages, drugs or mood-altering substances.
- NO weapons, NO fighting.
- NO explosive devices, fireworks or other potentially dangerous substances.
- Chaperones are there for your protections and to help you. They should be treated with respect.

I have read and understand these rules. \_\_\_\_\_  
Student Signature / Date

\_\_\_\_\_  
Mrs. Bernstein's Signature

\_\_\_\_\_  
Date

**GPA/OBLIGATIONS CHECK**

 **Attach your GPA/Student Obligation Status found on Virtual Counselor and copy of online receipt.**

(In order to participate, students are required to attach a printout from their Virtual Counselor Account showing that they have at least a 2.0 GPA or higher and have ZERO financial obligations owed to the school. Should a student need to pay for obligations, please see the bookkeeper during A or B lunch. Only if you have an obligation should the bookkeeper sign below that the obligation was paid in full.)

Budgetkeeper's Signature: \_\_\_\_\_ Date Paid In Full: \_\_\_\_\_