

MICHAEL HINOJOSA, ED.D.
SUPERINTENDENT OF SCHOOLS



Dear Parents/Guardians of Senior Students,

The PSAT/NMSQT will be administered to all 9th-11th grade students at Townview the day of October 10, 2018. On this day, all Townview seniors are eligible to visit local college campuses and are eligible to participate in offsite alternative academic activities to prepare them for college. Students who elect to remain on campus will work on college related and life skill activities led by Dallas ISD faculty or staff. We highly encourage all seniors to actively engage in activities that will be beneficial to them as the deadline for early applications and early decision for many colleges is during the first two week of November 2018.

Should you choose to take your student on a local college or university visit, to a college and career readiness fair (i.e. resume-writing, SAT/ACT prep, scholarship application prep, Accuplacer testing, general financial aid workshops, etc.) or to a college or university presentation, you will need to provide the following to the school:

- a **signed parent transportation form** for this school related activity
- a **signed permission slip** (found on the back of this letter)

Both forms must be completed, signed and returned by October 9, 2018 at noon to your Cluster's Front Office to indicate your approval of your son/daughter's participation in the alternative academic activity. These students will be coded using the attendance code "S-School Function" for an approved absence. **Students who do not attend school and who do not turn in a signed permission slip for the approved school function will be marked absent.**

Sincerely,

Townview Magnet Center Administrative Team

Yvonne A. Ewell Townview Center

1201 East Eighth Street · Dallas, Texas 75203 · Telephone (972) 925-5900

School of Business and Management · Rosie Sorrells School of Education and Social Services · School of Health Professions · Judge Barefoot Sanders School of Government and Law · School of Science and Engineering · School for the Talented & Gifted

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**FIELD TRIP PERMISSION
ACKNOWLEDGEMENT OF RESPONSIBILITY AND PERMISSION FOR STUDENT PARTICIPATION IN FIELD TRIP OR OUT-OF-SCHOOL ACTIVITY**

I, _____ (parent/guardian), agree to allow my son or daughter,	
_____ (student's name), to attend the following field trip or out-of-school activity.	
Destination/Detailed Description Of Activity and Educational Purpose:	
Date of field trip/activity: _____	Time of departure: _____ Time of return: _____
Group/Class/School Club: _____	
Sponsor of the field trip/activity: _____	
Transportation Being Provided (Check all that apply.):	
<input type="checkbox"/> School Bus <input type="checkbox"/> Commercial/Charter Bus <input type="checkbox"/> Public Transportation <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Leased Vehicle	
<input type="checkbox"/> None (provide your own or none needed)	
Drivers of Private or Leased Vehicles (Check all that apply.)	
<input type="checkbox"/> Teacher or Staff Member <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Other Adult	
Health Services	
Will your child require the administration of any medication or medical procedure while on the field trip? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate the medication(s) and/or procedure(s) with times for administration:	
Medication/Procedure:	Time:
Student Agreement	
While participating on this field trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.	
Student's Signature: _____	Date: _____
This is to certify that I authorize the Superintendent or a designated representative to secure any and all emergency medical care and treatment for my child for acute illness suffered or injury sustained while participating in this trip or activity. I understand that, while student safety is a high priority for the District, under State law, the school is not responsible for medical costs associated with student injury.	
In consideration for my child's participation in the above-described field trip or activity, I expressly hold harmless from and waive against the District, its Trustees, employees, agents, and assigns, any and all claims for medical expenses, loss of services, injury to person or property, death, or other claims, actions, or liabilities made against it or them on behalf of my child, regardless of the cause of such claims, actions, or liabilities or any concurrent or contributing fault or negligence of it or them as such may result from my child's participation in the trip or activity.	
In further consideration for my child's participation in the above-described field trip or activity, I also agree to indemnify and hold harmless the District, its Trustees, employees, agents, and assigns, from and against any and all suits, actions, losses, damages, claims, or liabilities of any character, type, or description, including attorney's fees and court costs, made by third parties against it or them which may result from my child's participation in the trip or activity. I understand that the District, its Trustees, employees, and agents are not waiving any sovereign or governmental immunity, which it or they have under Texas law. I have read and understand this release and sign it voluntarily and with full knowledge of its significance.	
Signature of Parent/Guardian: _____	Date: _____
Daytime phone: _____	Emergency contact: _____ Phone: _____



PARENT-PROVIDED TRANSPORTATION FORM

I, _____, the parent/guardian of _____, a student enrolled in the Dallas Independent School District hereby assume responsibility or grant permission for _____ to transport the student named _____

(Name of vehicle owner/operator and relationship to student)

above from _____ to _____
(Departure Location) (Destination Location)

and back to _____
(Departure Location)

Date of trip: _____

Time of Trip: _____ to _____

Each student and his/her parent/guardian agrees to assume all risk of and responsibility for personal injury or death to, or damage to or loss of property of, the student arising from, based upon or relating to the student's participation in the field trip. Each student and his/her parent/guardian understands and agrees that, in the event of any injury to the student, the District will not be held responsible for any decision relating to medical treatment for the student or for such treatment itself.

I hereby waive, release, and discharge the Dallas Independent School District, its Board members, officers, and employees from any claim, demand, or cause of action arising out of the transportation herein provided and agree to indemnify and save harmless the Dallas Independent School District and its employees from all claims for loss, damage, or injury sustained by the student named above or by me.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____
(if 18 years of age or over)