

PERMISSION SLIPS MUST BE RETURNED TO FRONT OFFICE NO LATER THAN 10/05/2018

CLASS OF 2022 **COLLEGE TRIP**

Dates	Wednesday, Oct 31st, 2018 / A Day
Time	Leaving from school @ 01:00 pm / Arrival to Rockhurst Univ. @ 01:15 am / Coming back to FSE @ 02:45 pm
Location	Rockhurst Univ. / 1100 Rockhurst Rd, Kansas City, MO 64110
Cost	FREE For Class of 2022
Eligibilities	Less than 15 DPS and turn in per. before DUE date
Due for per .slip	Oct 5 th (we will not be accept after due date)
Contact Person	Mr. Murat email: bmurat@frontierschools.org phone: 816-822-1331

Your Itinerary would be similar to this:

Arrive to Rockhurst University – 1:15PM

RU Campus Tour – 1:30PM (appr. 1 hour campus tour)

Admissions & Financial Aid Presentation – 2:30PM (30-45 minutes)



Dear Parent/Guardian,
This is a release form to allow **your son/daughter** to be under the supervision of FSE teachers, faculty, and parent volunteers. Your signature confirms that the participant is physically and mentally able to participate in the

activities. You also agree to hold employees, and representatives, harmless from all liability to any other person or entirety arising as a result of the conduct of the participant in this activity. All school precautions, rules and safety measures will be fully enforced during all time off school property to ensure safety and well-being of your child. **No permission over the phone will be granted.**

I, *(please print)* _____, **Parent/Guardian** of the above mentioned youth, give my permission for him/her to attend the above named trip/program and be transported by Frontier School of Excellence staff, parents and/or commercial venues. In the event of an emergency, I do consent to reasonable medical treatment or emergency medical care deemed necessary by a licensed physician. I also agree that in the event disciplinary action needs to be taken such that my youth needs to return home, I am responsible for coming within a reasonable amount of time to get him/her. I further release Frontier School of Excellence faculty, personnel, and parent volunteers and hold them blameless from any liability concerning my child resulting from these permitted activities.



Address:
5605 Troost Ave
Kansas City, MO 64108

Phone:
(816) 822-1331
Fax:
(816) 822-1332
Website:
www.kcfse.org

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Student's name _____ Student's grade _____

Student's mobile number _____

In case of emergency, contact _____
Parent/Guardian Name (please print) Phone

I have read, understand and agree to the above rules:

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Emergency Medical Release Form

Student Name _____

Parent/Guardian _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact/Phone _____

Insurance Company/Policy/Group# _____

Doctor's Name/Number _____

Blood Type _____ Know Allergies _____ Medication _____

Parent/Guardian _____

Signature Date _____