

To the Parents / Guardians of Senior DPHS students:

Graduation is fast approaching. As is tradition, during the week before graduation, seniors will participate in a variety of activities. Monday, June 3 we are going to Silverwood Theme Park in Athol, Idaho; Tuesday, June 4 we will go to Triple Play in Hayden, Idaho. June 6 is our Annual Distribution Day and an Ice Cream Social beginning at 1:30 p.m. (seniors only) in the commons, and June 7 is the senior breakfast (9:00 a.m.) and mandatory graduation practice (10:00 a.m.); Silverwood and Triple Play admission will be paid for with the funds the students earned over the last four years. *Students may want to bring their own money for food/drink items, extra treats, games or souvenirs for both days and a beach towel and change of clothes for the day at Triple Play.*

We are going to require some paperwork for these activities. To be able to participate, **your student will need to return the permission slip (below) & on the back side, complete the Student Responsibility Contract & Parental Assumption of Responsibility.** These forms must be turned in to the main office Thursday, May 23rd. In addition, your student must be graduation status.

For both Silverwood and Triple Play, it is advisable that students wear sunscreen. Also, he/she may want to bring a towel or change of clothes as he/she is bound to get wet on some of the rides. (*Note: Waterpark – Closed at Silverwood & Open at Triple Play*).

If you have any further questions or concerns, please feel free to call Mr.Oglesbee at 468-3565.

Thank you all for supporting your child through the last four years and especially this last year!

Mr. Kevin Oglesbee
Class of 2019 Advisor

PERMISSION FORM

I, _____, give permission for my child, _____, to attend:

_____ Silverwood Theme Park on June 3 Athol, Idaho (11 to 2) Bus (Leaves) 9:15 / 3:45 (Returns)

_____ Triple Play in Hayden, Idaho on June 4, (10 to 1:30) Bus (Leaves) 8:30 / 2:45 (Returns)

I understand that my child must be on course to graduate.

I have read and understand my child’s responsibilities as well as the consequences should my child violate said responsibilities. **I understand that if there is a violation, I will be called and will need to come retrieve my student.**

Further, I agree to indemnify and hold harmless the Deer Park School District No. 414.

YES NO **FERPA RELEASE:** I understand that the district is allowed to provide directory information as defined by federal law, including name, photo, etc., for publication. My child’s name, photo, etc. may appear in newsletters, newspapers, websites, etc. with my permission.

Parent/Guardian Signature: _____

Number(s) where I can be reached: _____

**IF ANY VIOLATIONS OF THE STUDENT HANDBOOK
YOUR SENIOR MAY NOT WALK DURING GRADUATION.**

The following information reflects the responsibilities and expectations of the students for senior activities. The advisers who will attend the event is Mr. Oglesbee. There will also be several chaperones.

STUDENT RESPONSIBILITIES CONTRACT

1. **General Duties:** Students will adhere to and follow all policies outlined within this document. **School policies, including those for drugs and alcohol as well as dress code guidelines must be adhered to – no bikini tops.** Any violation of these terms will result in the immediate return and discipline of student(s).
2. **Authority:** Adviser and chaperone instructions are to be obeyed immediately by students.
3. **Transportation: Students are required to ride the bus to and from Silverwood and Coeur d’Alene Beach/Park.** Students are to be well behaved on bus to and from events as well as at the location itself.
4. **Emergency:** In case of emergency, proper authorities will be notified.
5. **Future Events:** Any student(s) violating this contract will not be able walk in graduation ceremonies.
6. All Fines **MUST** be paid in order to participate in the senior field trips.

Parent or Guardian: _____

Student Signature: _____

PARENTAL ASSUMPTION OF RESPONSIBILITY

I hereby grant the Deer Park School District #414 permission to take my son/daughter, _____ on educational tours/field trips/etc.

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

<p>Medical Information:</p> <p>Allergies or other health problems (describe): _____</p> <p>_____</p> <p>Medication(s): _____</p> <p>Doctor Name & Phone Number: _____</p>
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<p>Insurance Information:</p> <p>Name of Insurance Company: _____</p> <p>Policy Number: _____</p> <p>Comments: _____</p>

In the event of illness or an accident, I authorize school-designated personnel responsible for the trip to approve medical emergency care. _____ **(please initial)** Further, I agree to indemnify and hold harmless the Deer Park School District No. 414.

Home Phone Number: _____

Emergency name & number in the event I cannot be reached: _____

Parent/Guardian Signature

Today’s Date