



Charles W. Flanagan High School Class of 2010

Universal Studios & Islands of Adventures
Friday, April 30, 2009
10:30am - 6:00 am (approx.)

Ticket Sales: February 16, 2010 thru February 26, 2010 during both lunches in the auditorium box office. There are only 300 tickets available. The cost is \$130.00 per ticket. *Cash, money order, or online with a credit card. NO CHECKS. There are no refunds and tickets are non-transferable.* Your space is not reserved until you submit your packet; at that time you can sign up for a bus. (There will be no changes made to the bus list). If you don't sign up for a bus one will be chosen for you.

RULES AND GUIDELINES:

- Tickets will be sold to seniors only; you may only purchase one ticket.
- Seniors purchasing a ticket must have attended 3½ years of high school, have earned a minimum of 17 credits, and have a minimum 2.0 GPA.
- Anyone suspended or expelled during the spring semester ('10) will be ineligible from attending Grad Bash.
- **Students will need a photocopy of their ID and must have one on them at all times.**
- Students must be free of financial obligations to the school.
- Students must remain on the premises of Universal Studios at all times.
- **Any behavior during a school sponsored event (and or field trip) that would constitute a violation of the Broward County Student Code of Conduct or be grounds for arrest (based on present Florida statutes) will result in:**
 - External Suspension (up to ten days)
 - Ineligibility for future school-sponsored activities including but not limited to: (Homecoming Dance, Prom, Grad Night, Grad Bash, Graduation Exercises)
 - Loss of extracurricular and personal privileges including but not limited to: (Sports participation, Clubs & Organizations, Cheerleading participation, Parking privileges, Exploratory Teaching, OJT, any off-campus Flanagan representation)
 - Internal Suspension
 - Expulsion
- No food will be allowed on the buses. You may only bring a **sealed** bottle of water.
- Grad Bash dress code will be enforced. A copy of the enforced dress code is attached packet.

By signing below, I understand and agree to abide by the above statements, as well as, the rules and regulations set forth by the School Board of Broward County, Educational Experiences, and Universal Studios.

Student's Printed Name

Student's Signature

Date

Parent's Printed Name

Parent's Signature

Date



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This form must be filled out by the senior purchasing the ticket! Before the ticket will be sold all signatures must be present. A copy of your photo ID is required to purchase a ticket.

Senior's Name: _____

Senior's Signature _____

Student's Cell Phone Number: _____

Parent/Guardian Signature _____

Emergency Phone Number: _____

Obligations

(Must be clear of all obligations)

Mrs. Oppenheim's Signature

Media Center

Media Signature

Guidance Recommendation

(2.0 minimum G.P.A.)

Guidance Signature

Administrative Approval

Administrative Signature

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
CHARLES W. FLANAGAN HIGH SCHOOL
PARENT TEACHER FIELD TRIP AUTHORIZATION FORM**

Note: There must be a completed permission form for each student who is attending the field trip

Student Name: _____ Student #: _____ Grade: _____

Field Trip Purpose: _____

Sponsoring Teacher (s): Mrs. Santiago _____

Destination/Place: Grad Bash 2010 Universal Studios _____

Departure Date: 04/30/10 Time: 10:30 am Return Date: 5/01/10 Time: 6:00 am

Authorized mode of transportation: Charter Bus _____

I authorize my child to utilize the type of transportation identified above for this field trip.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Best Contact Number: _____

EMERGENCY CONTACT

In case of emergency, I can be reached at phone number(s): _____

In the event I cannot be reached, please contact:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

HEALTH/ACCIDENT INSURANCE

My child is covered by 24-hour student accident insurance or family insurance:

Insurance Company: _____ Policy #: _____

NOTE: "AT SCHOOL" Student Accident Insurance WILL NOT cover overnight field trips under any circumstances.

_____ I do not have insurance; however, I will pay any and all medical bills for emergency care for my child.

_____ Any pre-existing medical problems, please list: _____

Parent/Guardian Signature

Period	Subject	Print Teacher Name	Signature
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1 st			
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2 nd			
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3 rd			
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4 th			
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Obligation Check: Students must clear all obligations. _____

Bookkeeper Signature

G.P.A. Check: Students must verify GPA with Guidance. G.P.A. _____

Guidance Signature

Administrative: Students must obtain signature from their Administrator. _____

Administrative Signature

SCHOOL ACTIVITY GENERAL RULES

All school sponsored activities, whether they are on or off campus (including Field Trips) are subject to the School Board of Broward County's Student Conduct and Discipline Code. Adherence to all school board policies is expected. Any behavior that would constitute an infraction of these rules, or be grounds for arrest (based upon current Florida statutes) may result in school discipline which can include, but not be limited to:

- A. External Suspension
- B. Expulsion
- C. Internal Suspension
- D. Ineligibility for future school sponsored activities, including, but not limited to: Homecoming Dance, Grad Night, Grad Bash, Graduation Exercises.
- E. Loss of extracurricular and personal privileges, including, but not limited to: participation in sports and/or cheerleading; participation in clubs and organizations; parking privileges; Exploratory Teaching (teaching assistant); OJT; and any off-campus representation of Flanagan High School and the School Board of Broward County.

STUDENT AND PARENT ACKNOWLEDGEMENT

I have read and discussed the code with my son/daughter and we understand the code and the punishment for infractions. We are in agreement with the regulations.

Parent/Guardian Signature

Student Signature

PERMISSION FOR MEDICAL TREATMENT

I, _____ being the parent/legal guardian of _____, hereby authorize any necessary medical treatment to include the administering of any medication, as prescribed by the doctor in attendance for this student while on this field trip.

In regard to the above mentioned student, I submit the following information:

Allergies to food, medications, etc (if none so state) _____

Special Medical Problems (If none, so state) _____

Is student on any continuing medication? If so, state and describe recommended dosage: _____

Date of last tetanus shot: _____ Family Physician: _____

Address: _____ Phone Number: _____

PARENT/GUARDIAN SIGNATURE – PLEASE SIGN IN FRONT OF NOTARY

State of Florida
County of Broward

_____ appeared before me this _____ day of _____, 20____

Notary Public

My Commission Expires