



## CLEAR LAKE INTERMEDIATE SCHOOL

*Eagles...soaring into the future!*

Clear Creek Independent School District

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Lonnie Leal, Principal

Emily Auffarber, Assistant Principal  
Holly Kent, Assistant Principal

March 19, 2018

Dear Parents of Eighth Graders:

We want to inform you of our plans for an end of the year Eighth Grade Celebration. We will be rewarding our eighth grade students with a day at Schlitterbahn in Galveston on **Friday, May 18, 2018**. We will be taking our students on school buses with their teachers as sponsors. The cost of the trip is \$35, which includes the cost of transportation and their tickets into the water park. A permission slip is attached which must be returned **only to Ms. Roberson or Ms. Jachimiec**. Please include payment by cashier's check, money order, cash or personal check, **made payable to CLIS**. Please complete the medical release form attached. If you have a copy of your insurance card, please attach as well. All four (4) parts (permission slip, medical information form, insurance card (preferred) and payment) must be submitted together and returned no later than **Wednesday, April 4, 2018**. Please submit all 4 parts at the same time.

**In order to keep costs of the trip to a minimum, lunch is NOT being provided for the students. They may bring a sack lunch, and we will keep them in coolers, or they can bring money to purchase lunch at Schlitterbahn.**

We will leave the school at 9:00 am on May 18 and return at 3:00 pm. **All bathing suits and swim wear must be covered up by school appropriate clothing while in the school and on the bus.** More information will be given to students shortly before the trip. **In the event of bad weather, we will not reschedule the trip.**

If the cost of the outing is a problem, you may submit a letter requesting sponsorship. Letters should be addressed to Mrs. Emily Auffarber. Please include the permission slip, the medical form, and insurance information with your request.

**The deadline for submitting paperwork and payment is April 4, 2018 at 4:00 PM. No extensions of this deadline will be considered.**

This is a reward for students, and we want to inform parents and students of the requirements for attending. If a student has received or receives any of the following discipline consequences, he or she will not be allowed to attend the event. The following information was reviewed with the students at their assembly on **Monday, March 19, 2018**.

1. AEP, JJAEP, or suspension this 2017-2018 academic year
2. 2 or more days of ISS or OSS between March 20 and May 17, 2018
3. 3 or more discipline referrals between March 20 and May 17, 2018.
4. All outstanding fines must be paid by May 11, 2018. This includes but is not limited to: overdue/lost library book fines, classroom fees, athletic equipment fines, technology charges and LDC fines.  
\*Administration has the final decision on students attending.\*

Teachers will be on campus to supervise students who are not going on this outing as regular attendance requirements will apply. We are excited about our end of the year event and look forward to a fun time of celebration with the eighth grade students.

Sincerely,

CLIS Administration & 8<sup>th</sup> Grade Staff

PARENT CONSENT FORM FOR  
SCHOOL-SPONSORED TRIP

FMG  
(EXHIBIT)

My child, \_\_\_\_\_, has my permission to attend and participate in the following school-sponsored trip/s:

8<sup>th</sup> Grade Field Trip \_\_\_\_\_ (Activity)

8<sup>th</sup> Grade Administrators \_\_\_\_\_ (Sponsoring Group)

Emily Auffarber \_\_\_\_\_ (Sponsor)

Schlitterbahn Galveston Waterpark \_\_\_\_\_ (Location)

May 18, 2018 9:00am to 3:00pm \_\_\_\_\_ (Departure and return dates/times)

I authorize the trip sponsor, employee(s), and/or associate(s) of the Clear Creek Independent School District to allow my child to travel to and from the above referenced activity or event with the sponsoring group, club, or class.

I understand that I may be held responsible for my child's actions during the trip.

I understand that the Clear Creek Independent School and its professional employees cannot be held liable for personal injury or loss or damage to personal property which may result from my child's participation in the above-referenced activity or event, unless such personal injury or loss or damage to personal property results from the negligent use or operation of a motor vehicle.

- Note: The trip sponsor(s) will travel with a copy of each participant's Authorization to Secure Emergency Medical Treatment. Parents/guardians are requested to advise sponsors in writing of any special medical conditions or issues that may affect or impact a child's participation in the trip and/or the receipt of emergency medical treatment (e.g., known drug allergies).
- I understand that in the event my child is in violation of local or state laws during this trip, the District may be required to turn my child over to the local authorities. If the student is returned to the organization after being released by the local authorities, he or she will be sent home at the parent's expense.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

**CLEAR CREEK INDEPENDENT SCHOOL DISTRICT  
EMERGENCY INFORMATION FOR SCHOOL ACTIVITY**

**EXHIBIT F**

School Name Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

(Last) (First) (Middle)

Student's Address: \_\_\_\_\_

(Street) (City) (Zip)

Mailing Address: \_\_\_\_\_

(Street) (City) (Zip)

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

*In case of minor illness or injury, if parent cannot be reached, notify (Must be 21 years or older)*

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

*Pre-existing medical conditions or allergies:* \_\_\_\_\_

*Prescription medication currently taking or emergency medication:* \_\_\_\_\_

*In case of an emergency, please take my child to the nearest medical facility for emergency care.*

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Photocopy of current medical insurance card preferred. Additional parent comment on back please.

**\*\*UIL Boys and Girls Physician's and Parent's Certificate may be used for Athletics and Drill Team**

REVISED: 05/17/13