FREMONT UNION HIGH SCHOOL DISTRICT

Cupertino, Fremont, Homestead, Lynbrook, Monta Vista High Schools and Adult/Community Education
Polly M. Bove, ***Superintendent of Schools***

20011-12 Parent/Guardian Activity/Trip Permission and Waiver for the Monta Vista NHS Service Club

_____(student's name) has my permission to attend voluntary activities/trips for the Monta Vista National Honor Society (NHS) Club during the 2011-2012 school year. I understand that my student will attend these events **without** a Fremont Union High School District chaperone, and may be at an event **without** any adult supervision. By signing this waiver, I understand that the NHS is a student-run organization designed to facilitate community service opportunities for students and may offer activities/trips to the members of the school club **without** approval from a staff advisor.

By signing this form, I understand that the Octagon Club offers students Community Service opportunities, and my student may participate in these activities. The following is a list of community service opportunities that the Octagon Club has historically offered to its members. I understand that this is a list of past events and may not be descriptive of the types of events that will be offered for the 2011-2012 school year.

- Cupertino Library Help
- Carnivals & Festivals
- Working with disabled children
- Walkathons / Fundraising
- On-campus recycling

I, hereby, acknowledge the above description of the Monta Vista High School NHS Club, and I am giving permission to _____(student's name) to participate in the community service activities for the 2011-2012 school year. As stated in California Education Code Section 35330, I understand that I hold the Fremont Union High School District, its officers, agents, and employees, harmless from any and all liability or claims, which may arise out of, or occur, in connection with my student's participation in these activities.

_____ _____ _____
Parent/Guardian Name (print) Signature Date

_____ _____ _____
Student Name (print) Signature Date

_____ _____
Address Telephone

_____ _____
Family Health Insurance Carrier Policy Number

_____ (_____)_____-_____
Emergency Contact Name Emergency Contact Phone Number