

# Shalimar Connections Permission Slip

Please return this completed form to The Student Activities Office  
(Miss Seaman's Office) **by 10/10/18.**

## Field Trip Details:

I authorize my son or daughter to attend Shalimar Visit Dates on (in order to maximize building relationships through consistent connections, we ask that students make every effort to attend every gathering):

- ☐ 10/12/18 [Theatre Arts guided]
- ☐ 12/14/18
- ☐ 2/8/19 [MakerEd guided]
- ☐ 5/10/19

I acknowledge my understanding and agreement with the following:

- These visit dates will take place during the following times: 2:30 pm – 5:15 pm.
- Students will plan & prepare the activities that they will lead during the visits during the Shalimar Lunch Club meetings (the two Thursdays prior to each visit date).
- Students will be transported to and from Shalimar by parent drivers.
- Students will be dismissed from their class on the visit days at 2:20 pm in order to depart campus at 2:30

## Student Agreement:

In choosing to attend these Shalimar Gatherings, I understand and agree to the following attitudinal and behavioral guidelines:

- I will follow school dress code guidelines in choosing my attire for the day.
- My conduct will reflect *my Savior, my family, and my school* in a positive manner. Any violation may result in parent contact and student dismissal from the event.

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Print Student Name

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Student Signature

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Date

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## Parent Authorization

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Who: Middle School Students    When:    **10/12/18, 12/14/18, 2/8/19, 5/10/19**  
Where: Think Together, 779 Shalimar Drive, Costa Mesa  
Time: Depart MCS at 2:30 & return at 5:15

My student, \_\_\_\_\_, has my permission to attend Shalimar connection gatherings with Mariners Christian School. I understand that my student will travel by car. I give all rights and responsibilities for the care of my child to MCS faculty and MCS parents who will chaperone the duration of the field trip. I further understand that I will be contacted by school personnel in the case of an emergency.

**I am willing to volunteer as a parent driver & chaperone:**

**YES**\_\_\_\_ (# spaces in your car \_\_\_\_\_) **NO**\_\_\_\_\_

If yes, please select the dates below that you are available to drive:

☐ 10/12/18

☐ 12/14/18

☐ 2/8/19

☐ 5/10/19

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Emergency Contact #1

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Emergency Contact #2

\_\_\_\_\_  
Phone Number

Any medical conditions, including allergies, to be aware of:

\_\_\_\_\_

Questions? Contact Ali Bray – [abray@marinerscs.org](mailto:abray@marinerscs.org)