



Texas State Technical College Field Trip

Thank you for registering for the Texas State Technical College Field Trip, sponsored by the Ridge Point College and Career Readiness Center.

WHEN: Wednesday, March 19 7:30-2:00

WHERE: Texas State Technical College (26706 Southwest Fwy, Rosenberg, TX 77471)

WHO: RPHS juniors and seniors interested in skilled trades or tech careers.

HOW: All attendees need to complete the attached permission slip and return it to Mrs. Jakubik in K145 by Friday, March 7. If your permission slip is not turned in by this time, your spot will be filled by a student from the waiting list.

SCHEDULE: Meet in K145 at 7:30. We will board the bus and head to TSTC, where we will enjoy hands-on demonstrations from 8:30-1:00. TSTC will provide us with lunch, and we will leave to return to campus at 1:00. We should arrive back by 2:00.

ATTIRE: School appropriate and within the FBISD dress code. Students out of dress code will not be allowed to participate. Please wear closed-toed shoes.

QUESTIONS: Please contact RPHS College and Career Readiness Advisor Susanna Jakubik with any questions at susanna.jakubik@fortbendisd.gov.



**ACKNOWLEDGEMENT OF RESPONSIBILITY AND PERMISSION FOR STUDENT
PARTICIPATION IN SCHOOL-SPONSORED TRIP**

Student Name: _____

School-sponsored trip to: _____

Your child has the opportunity to participate in a school-sponsored trip. Please complete this form to provide the teachers accompanying the students on the trip with information relating to your child.

Teacher: _____ **Date:** _____

List any physical limitations (temporary or permanent):

List any current medications (prescribed or over the counter) taken:

List any allergies including reactions to medications, food, insects, and environment:

Name of child's physician: _____ **Phone:** _____

Insurance company: _____ **Phone:** _____

Policy Number: _____ **Group Number:** _____

ACKNOWLEDGEMENT OF RESPONSIBILITY

My signature below indicates that I give my child permission to participate in this activity, to have any medications administered that would normally be given at school, and that I authorize any needed emergency medical treatment. I also acknowledge that I have been informed that Fort Bend Independent School District has immunity from any liability. Transportation will be provided by the district or a commercial carrier.

Parent Signature: _____ **Date:** _____

Address: _____

Home Telephone: _____ **Work Telephone:** _____

Emergency contact person: _____ **Phone No:** _____