**Sophomore Class Trip to LR Central High National Museum**

**Student last name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student first name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (please print) (please print)

**Dates Location**

September 4 and 5, 2019 Little Rock Central High National Museum

(See note below)2120 W. Daisy Gatson Bates Drive

Little Rock, AR 72202

The purpose of the trip is to educate students on the Central High integration crisis of 1957. While learning history is a fundamental goal, we also desire students to make connections between the events of 1957 Little Rock, AR and the events in the novel *To Kill a Mockingbird.* We believe the richness of this experience will resonate with them now and in the future in important ways as they seek to balance valuing individualism as well as a duty to community in the context of living Christianly.

Because the tours cannot accommodate all Sophomore English students at once, we will split the Sophomore class. Half will go on the 4th, the other half will go on the 5th. Each day we will leave promptly at 8:20 and return by 11:35, in time for students to have lunch at LRCA; this way students will only miss the 1st and 2nd block of the day they attend the field trip. Students will be notified via email which day they will be participating in the field trip. We will copy parents on the email and post a hard copy of student lists, leaving one in the HS office for official record keeping. Students will be accompanied by teacher chaperones each day. Transportation will be via LRCA schoolbus.

Students are not required to attend the field trip. If a student is not able to participate, he/she is still responsible for attending regular classes and will be assigned to a study hall with a separate research project regarding the Little Rock Nine Integration Crisis for participation credit.

Little Rock Central High School is an active school with an enrollment of over 2,500 students. We must be respectful and try to make as little disruption in their day as possible:

• Pictures and the use of any cell phones are prohibited while in the school.

• Photos are permitted of the outside as well as in the museum (located across the street).

**Permission and Release Agreement**

I give permission for my student to take part in the school-sponsored field trip listed above, including the bus ride to and from the school premises. I also believe that discipline is necessary for the welfare of each student as well as the entire school. I give permission for my student’s teacher and/or other agent of the school to make and enforce regulations in a manner consistent with Christian principles, LRCA policies, and discipline as set forth in the Scriptures and the LRCA handbook.

I also give permission for nonprescription medication (Tylenol or Advil) and routine medical care to be given to my student if needed, including, if deemed necessary by faculty/staff, to take said student to a doctor or hospital. If applicable, please indicate any allergies to medication.

I hereby authorize medical treatment including, but not limited to, emergency surgery or medical treatment and assume the responsibility for all medical bills. I hereby release, waive and forever discharge Little Rock Christian Academy, Inc., its staff, agents, and representatives from all rights and claims for damages, injury or loss to person or property which may be sustained during participation in activities, whether or not damages, injury or loss is due to negligence.

Your signature indicates that you have read and understand this document in its entirety and that you give permission for your student to participate in the Central High School Field Trip on September 4 or 5, 2019.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone 1: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2 (optional): ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_