

# ORDER DEADLINE: March 5th, 2018

## Student Field Trip Form: AP Testing May 7-18, 2018

Central Kitsap School District No. 401, Silverdale, Washington 98383

**\*THIS FORM IS REQUIRED FOR ALL EXAMS**

Name \_\_\_\_\_

Grade \_\_\_\_\_

**PARENT INFORMATION SECTION:** You only need to complete one form regardless of the number of AP tests your student takes. As a reminder, families signed an AP contract during registration. .

### Dear Parent(s)/Guardian(s):

Your student is currently enrolled in one or more Advanced Placement courses and will take an AP exam in May 2018. The AP testing program is district-wide and most exams are administered off-campus. **The annual testing period for the 2018 AP exams will occur from May 7 – May 18, 2018** You will receive more detailed information (locations and times) in late April.

If you have questions, please contact Erika Cassel, AP Coordinator, Rebecca Johnson, Principal, 662-2700, or your AP teacher.

### CHECK EACH AP CLASS BELOW (to order the AP exam)

✓	AP Exam Title	Teacher	✓	AP Exam Title	Teacher
	Biology	Smith		Human Geography	Lant
	Calculus AB	Nelson		Music Theory	McVicker
	Calculus BC	Nelson		Psychology	Cassel
	Chemistry	Daniel		Statistics	Erickson
	Comparative Gov't & Politics (Sr.)	Quinn		Studio Art: 2-D	Cassel
	Computer Science A	Nelson		US History (Jr.)	Huff
	Computer Science Principles	Nelson		World History (Soph.)	O'Connor
	English Language & Comp. (Jr.)	Eisele/Sawyer		U.S. Gov't & Politics (Sr.)	Quinn
	English Literature & Comp. (Sr.)	Siegel		Spanish (through Connexus)	Online
	OTHER:				
<b>= TOTAL NUMBER OF TESTS ORDERED</b>					

- Full Price exams \$94
- Paid in Full at OHS
  - Paid in Full online at [Touchbase.cksd.wednet.edu](http://Touchbase.cksd.wednet.edu)
  - Paid deposit of \$15/exam. Will make payments to pay in full by May 7

- Reduced Price exams \$0  
(based on Free/Reduced Lunch status)  
\*\* Paid with grants from state and federal gov't.

*A limited amount of financial assistance may be available. Please contact a counselor, Mrs. Cassel, or an administrator*

### CODE OF CONDUCT: I understand that all school and District policies are in effect on trips, such as:

1. No consumption or possession of illegal substances (alcohol, drugs, paraphernalia).
2. Show courtesy and respect toward others at all times.
3. No gambling.
4. No use of tobacco.
5. All rules, including schedules and curfew, will be strictly adhered to.
6. Individually suspected students may be detained by the advisor regarding suspected violations of established rules if there are reasonable grounds for taking such action.

### DISCIPLINARY ACTION: I understand that the following are examples of disciplinary actions that may be taken in the event that the Code of Conduct and school or District policies are not followed:

Sent home immediately at his/her own expense. In addition, students found in violation of School District Policy No. 2320 regarding, but not limited to, use/possession of illegal substances (alcohol, drugs, paraphernalia) shall be subject to expulsion, suspension, or discipline, which could result in loss of credits, denial of a diploma, or removal from school activities such as, but not limited to, commencement, trips, etc.

1. Placed in the care of a chaperone.
2. Confined to a specified area.
3. Referred to school administration.
4. Test invalidated and/or disciplinary action by the College Board.

**\*\* Please Read, Sign, and Date BOTH SIDES of this document.\*\***

**\*\* Please Read, Sign, and Date BOTH SIDES of this document. \*\***

**MEDICAL RELEASE: (required)**

**YES**\_\_\_ **NO**\_\_\_ Will student be taking medication (prescription or over-the-counter) during this field trip? If **yes**, the *Order for Medication* and *Medical Information* forms **MUST** be completed and attached (per Board Policy 3416).

**MEDICAL RELEASE:** My signature below authorizes the teacher/advisor of the group to secure proper medical attention and/or hospitalization of my son/daughter in the event of a medical emergency. I expect every effort will be made to contact me prior to such action and, if this is not possible, I will be notified as soon as possible. (In the event of an emergency or if a student is injured, the following individuals should be contacted: parents, building administrator, and appropriate medical personnel.)

Student Name: \_\_\_\_\_ Address: \_\_\_\_\_

Person to call if injured: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate person to call: \_\_\_\_\_ Phone: \_\_\_\_\_

Private Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medicine in use: \_\_\_\_\_ Medicine allergic to: \_\_\_\_\_

Insurance company name: \_\_\_\_\_ Policy number: \_\_\_\_\_

**SIGNATURES:**

In addition to the medical release, our signatures below indicate that we have read and agree to comply with the code of conduct while on trip.

**Student Signature: X** \_\_\_\_\_ **Parent/Guardian Signature: X** \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**APPROVAL SECTION (required): Please read, complete and sign where designated. Return this form to the Cashier's Window when you order your exams or after you've paid for your exams on [touchbase.cksd.wednet.edu](http://touchbase.cksd.wednet.edu).**

I give permission for my student, \_\_\_\_\_ to **ride a District School Bus or walk to and from** the AP test sites in order to take the AP tests that must be administered off-campus. The bus will be driven by a District Driver.

\_\_\_\_\_  
**Parent /Guardian Signature** *\*required if student is under 18*

\_\_\_\_\_  
**Date**

**OR**

**DRIVER'S DECLARATION: (Please complete ONLY if applicable)**

I hereby give **permission for use of personal vehicle** for transporting students for AP testing from May 7-18 or for late testing. I certify that the vehicle and driver are insured for the following minimum limits of liability:

- Bodily injury: \$25,000 per person, \$50,000 per occurrence (state minimum requirement)
- Property damage: \$10,000 (state minimum requirement)

Insurance Company: \_\_\_\_\_ Policy No. \_\_\_\_\_

I understand that my insurance company is primary in the case of any incident and that Central Kitsap School District liability, if any, would only be in excess of the limits stated above.

\_\_\_\_\_  
**Parent /Guardian Signature** *\*required if student is under 18*

\_\_\_\_\_  
**Date**

I certify that I have a valid Washington State Driver's License.

I declare that my vehicle is in sound mechanical condition, and my vehicle can transport \_\_\_\_\_ people, including driver, with safety belts, and I agree to all occupants wearing safety belts as required by law.

**Please check one:**

\_\_\_\_\_ Student transporting self **ONLY**

\_\_\_\_\_ Parent/Guardian transporting students

\_\_\_\_\_  
Signature of Driver

\_\_\_\_\_  
Date

**\*\* Please Read, Sign, and Date BOTH SIDES of this document. \*\***