

NEWBURY PARK HIGH SCHOOL  
APPLICATION FOR ED. AIDE

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE \_\_\_\_\_

SCHOOL REQUESTED #1 CHOICE \_\_\_\_\_

#2 CHOICE \_\_\_\_\_

TERM \_\_\_\_\_ SUB-TERM \_\_\_\_\_ PERIOD \_\_\_\_\_

WILL STUDENT BE DRIVING TO SITE? \_\_\_\_\_

If yes, a PRIVATE VEHICLE TRANSPORTATION FORM must be completed.

Please turn in all completed paperwork to the Attendance Office.

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ATTENDANCE & GRADES SATISFACTORY \_\_\_\_\_

Kelly Welch  
Asst. Principal of Attendance

NEWBURY PARK HIGH SCHOOL  
ED AIDE GUIDELINES

Students who participate in the Ed Aide Program are extremely important. We hope your experiences are valuable ones that will serve you well in the future. Please make note of the following requirements. They are designed to ensure your success in this class.

**ATTENDANCE:** Your presence in class is an absolute necessity on a regular basis (School Attendance Policy applies). **BE ON TIME:** The school tardy policy is in effect for every class, including Ed Aide. The teacher to whom you are assigned is responsible for reporting attendance and he/she will submit truancy letters as necessary to the appropriate administrator. **WHEN YOU ARE ABSENT (FOR ANY REASON), IT IS YOUR RESPONSIBILITY TO PHONE NPHS AS WELL AS YOUR ED AIDE SCHOOL OR YOU WILL BE MARKED TRUANT!**

**You will be marked truant if:** (1) you do not sign in and out at the Ed Aide School, (2) you do not phone in absences, and (3) you are more than 30 minutes late.

**ATTITUDE:** Mature, trustworthy behavior is expected while serving as an Ed Aide. Always demonstrate a positive attitude, be helpful, cooperative and show initiative. Ed Aides are expected to willingly complete all tasks without complaint or excuses.

**GRADES:** There are no automatic grades for Ed Aides. As in other classes, students will be graded on their performance. Those who are always busy, cooperative, industrious, in attendance regularly, on time and asking for extra work can expect to receive the highest marks. Grades will be given by the teacher assigned.

**CLASSROOM DECORUM:** While students are working as Ed Aides, they are viewed by other students as the standard of Newbury Park High School. Therefore, your MANNERS and mode of DRESS should be in keeping with the best possible image of our outstanding school. Manners should always display courtesy, friendliness and a smile. Dress should always be clean and neat. **ELECTRONIC SIGNALING DEVICES MUST BE COMPLETELY TURNED OFF ONCE YOU SIGN IN AT THE SCHOOL OFFICE.**

**REPORTING TO YOUR ED AIDE SCHOOL:** **Make sure that you sign in, at the office when you arrive and sign out when you leave.** You are expected to be quiet and orderly while in the classroom. Food or drinks are not permitted in the class. You may not use this period to socialize by visiting or having friends visit you on campus.

**4TH PERIOD ED AIDE STUDENTS:** You may not leave NPHS campus at lunch and therefore you must wait for the end of lunch. **IF YOU HAVE AN OFF CAMPUS LUNCH PASS,** you may show it and your Ed Aide Pass to be released for lunch. **NO EXCEPTIONS!**

**IF YOU ARE WALKING:** DO NOT WAIT FOR FRIENDS...you have 10 minutes, and must be at your Ed Aide site at the start of the period. Your school is aware of the NPHS bell schedule. If you are late, you will be marked tardy/truant, possibly resulting in receiving an attendance letter, or drop in your letter grade.

**IF YOU ARE DRIVING:** YOU MAY NOT TAKE ANOTHER STUDENT TO OR FROM THE ED AIDE CAMPUS. YOU ARE THE ONLY ONE TO BE IN THE CAR WHEN AWAY FROM NPHS.

Please feel free to contact us when you have concerns or if any difficulties should arise.

Dean of Attendance \_\_\_\_\_

Student \_\_\_\_\_

Parent \_\_\_\_\_

# FIELD TRIP OR EXCURSION AUTHORIZATION AND MEDICAL TREATMENT AUTHORIZATION

In-state

(Minor)

Out-of-state

Completion of this form is required for all field trips / excursions.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Date of Birth (for emergency purposes)

\_\_\_\_\_  
Student Address

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Class/ Program

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date(s) of Field Trip/Excursion

\_\_\_\_\_  
Location of Field Trip/Excursion

\_\_\_\_\_  
Transportation Provider

1. **I hereby give permission** for my child or ward (named above) to participate in this Field Trip or Excursion.
2. **Regarding special assistance/accommodations:** Is special assistance/accommodation necessary for your child or ward to participate in this Field Trip or Excursion?  
 No     Yes. Please explain \_\_\_\_\_
3. **Regarding administration of medication:** All medications must be prescribed, **including** over-the-counter medications. Is your child or ward required to take medication during the course of this Field Trip or Excursion?  
 No     Yes **Parent/Guardian must contact the school office** to obtain form SFA-5010, "Authorization for Any Medication Taken during School Hours," form SFA-5030, "Authorization For Medications Taken During School Hours, School Activities and Field Trips" or form SFA-5040, "Extended Field Trip or Excursion Medication Authorization" (which must be signed by parent/guardian and child or ward's physician).
4. **If you have health insurance, please list:**

\_\_\_\_\_  
Health Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Group Number

5. **Please list additional emergency contacts, should the parent/guardian be unavailable:**

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Telephone

6. **Conduct:** I fully understand that all participants are to abide by and accept all rules and requirements governing conduct during the Field Trip or Excursion. To the extent permitted by the Education Code, any participant determined to be in violation of behavior standards will be sent home at their own or their parent/guardian's expense.
7. **Waiver of Claims for Liability:** I understand that California Education Code, Section 35330 provides:  
"All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving all claims."

In providing consent for my child or ward to attend and participate in this Field Trip or Excursion, I waive all claims against the district for injury, accident, illness, or death occurring during or by reason of this Field Trip or Excursion.

I understand that the District does not require my child or ward to participate in the Field Trip or Excursion and I make this request voluntarily because I desire my child or ward to participate in the Field Trip or Excursion. I also understand that, if I do not consent to my child or ward's participation, my child or ward will be involved in alternative supervised activities, for which my child or ward will receive full credit.

8. **In the event of illness or injury,** I hereby consent to whatever transportation, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician as deemed necessary for the safety and welfare of my child or ward. It is understood that the resulting expenses will be the responsibility of the child or ward's parent(s)/guardian(s).
9. **I have carefully read this authorization and fully understand its contents and voluntarily consent to its terms and conditions.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home telephone

\_\_\_\_\_  
Work telephone

\_\_\_\_\_  
Mobile telephone or pager

# STUDENT TRANSPORTATION PERMISSION FORM

*This form must be completed each time a parent wants to drive their child, or have their child drive, to or from practices, games, events, etc.*

Students are required to travel on busses, vans, or other transportation provided by the District to all school sponsored activities, practices and/or games/events. However, because of compelling needs, parents may need to transport their child or ward, or the student may need to drive himself/herself. A personal vehicle use form must accompany this form.

\_\_\_\_\_  
Name of child or ward

\_\_\_\_\_  
Name of Parent

\_\_\_\_\_  
Activity/ Game

\_\_\_\_\_  
Class / Team / Club

\_\_\_\_\_  
Date(s) of Activity/ Game

\_\_\_\_\_  
Location of Activity/ Game

1. My son/daughter has my permission to:

- Travel with me
- Use his/her own vehicle
- Travel with another adult

\_\_\_\_\_  
Name of Adult

\_\_\_\_\_  
Telephone

2. Reason for this request: \_\_\_\_\_
3. The student and Parent/Guardian are required to notify the Coach or Instructor, Department Chair or Director, and School Administrator that they will be providing their own transportation at least 24 hours in advance of the activity. If the Coach or Instructor, Department Chair or Director, and School Administrator decide that self-transportation for this particular event is inappropriate, the student and parent agree that the student will use the transportation provided by the district.
4. It is understood and agreed that this permission to provide our own transportation is conditionally approved by the Coach or Instructor, Department Chair or Director, and School Administrator, and can be revoked at any time at their discretion.
5. It is understood and agreed that my child or ward will not transport any other student in his/her vehicle, except for his/her siblings who are also students at the school and involved in the same activity. Drivers may not carry non-district personnel, non-students, non-student family members, or other guests as passengers.
6. I/we agree to defend, indemnify, and hold harmless the District, its officers, agents, employees, and/or volunteers from any and all claims, demands, losses, damages and expenses, including legal fees and costs, or other obligations or claims arising out of any liability or damage to property, or any other loss, sustained or claimed to have been sustained arising out of the transportation described above.
7. **I have carefully read this authorization and fully understand its contents and voluntarily consent to its terms and conditions.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**All signatures are necessary for approval:**

approved \_\_\_\_\_  
Signature of Coach / Instructor

\_\_\_\_\_  
Date

approved \_\_\_\_\_  
Signature of Department Chair / Director

\_\_\_\_\_  
Date

approved \_\_\_\_\_  
Signature of School / Site Administrator

\_\_\_\_\_  
Date

Not approved \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date