



College and Career Experience

The mission of the College and Career Department is to guide students as they define their role in society. The goal is to provide students with authentic experiences. To support students' preparation for either college or the work force, a learning experience will take place on **4/5/2019**. Students will visit **Rock Valley College for the annual College Fair for Juniors**. If you wish your son/daughter to participate, please sign and return this consent form to your Academy Office prior to **3/22/2019**. Transportation will leave **GHS--Circle Drive** at **10:15am** and return at approximately **11:45am**. The cost for this experience is **\$0**. If further information is desired regarding this trip, please contact **your student's counselor** at **(815)654-4870**.

Method Of Transportation:

- Bus
- No District transportation provided (NOTE: It will be the obligation of the parent/guardian to provide transportation to and from the activity)

Student Name _____ **Student ID#** _____

Academy Name _____ **Experience Information** 4/5/2019 Rock Valley College

Parent/Guardian Acknowledgment and Authorization

I, _____, am the legal parent/guardian of the student named above. The above student is hereby authorized to participate in the _____ learning experience on the following date (s) _____. Permission is hereby granted to the faculty advisor and adult chaperone (s) to obtain medical care from a licensed physician for the student in the event of a serious accident or illness. I understand that every attempt will be made to contact me in any such emergency.

My signature indicates consent for my child's image to be included in websites, pictures, or videotapes made for or used by Rockford School District # 205. These pictures/videotapes may be used in the production of life television shows, films, videotape recordings, still pictures, slide presentation, or other media productions for District # 205 broadcast, cablecast, or webcast for promotional purposes, excluding advertising. I acknowledge that I understand that District # 205 may assign the right of use of these media productions to other not-for-profit entities. As parent/guardian, I expressly waive claims for damages, costs, fees or remuneration in any form for such use. I also hold harmless District # 205, its employees, agents, or board members for any harm caused by the use of my child's work or image in broadcasts, cablecasts, or webcasts.

Parent Signature _____ **Date** _____

Contact Information

Home/Cell Phone: _____ Home/Cell Phone: _____

Physician Name: _____ Physician Phone: _____