



West Ranch High School

"Home of the Wildcats"

September 9, 2014

Dear Parent/Guardian,

Your student has the opportunity to participate in a wonderful event for eleventh grade students at West Ranch High School. **Connecting To Success** is a collaborative effort involving the Valley Industrial Association (VIA) of Santa Clarita and the Wm. S. Hart Union High School District. The purpose of the event is to give students a real-life opportunity to attend a business/educational conference to prepare them for life after high school.

Over one hundred business leaders from local companies are volunteering their time to facilitate small group breakout sessions and lend their expertise. There is no cost to our students who attend this event. Students can sign up with their English teacher or in the counseling office. Signs ups will be taken on a first come, first served basis, as we have a limited number of available spots. Details of the all-day seminar are listed below:

When: Thursday October 9, 2014, ODD day

Where: Grace Conference Center, Valencia

Time: Bus leaves West Ranch 8:15 am and returns at 1:15 pm

The appropriate dress for the day is business casual (dress slacks and dress shirt for boys and dress, skirt and top or dress slacks and top for girls). The day will begin at West Ranch where students will be shuttled over to the conference location by bus. This conference will last most of the day, from 8:15 a.m. to 1:15 p.m. Since all students will be transported to and from the seminar by bus, all students will be required to remain throughout the Connecting to Success program.

Once students arrive at the seminar location a keynote speaker will lead a general session, which will be followed by three breakout sessions led by local business leaders from VIA. The breakout sessions will focus on those skills identified by business leaders as essential to the success of students as they embark on getting a job and beginning a career. The sessions will include, "Money Smarts," "Ethics in the Workplace," and "Building Your Image" (Interview Techniques). Students will be brought back to West Ranch High School about 1:15 p.m. and the cafeteria will be open for students who wish to purchase lunch. Students will be dismissed from school and excused from 7th period once we return to West Ranch. Or they can opt to attend their period 7 class.

Attached to this letter is a permission slip for the day. Please complete the form and have your student return it to his/her English teacher by Wednesday, October 1, 2014.

Thank you,

Mr. Mark Crawford
Principal

Mrs. Audrey Asplund
Assistant Principal

Wm. S. Hart Union High School District

PARENT'S OR GUARDIAN'S PERMISSION FOR FIELD TRIP AND AUTHORIZATION FOR MEDICAL CARE

To the principal of West Ranch High School: _____ has my permission to participate in the 11th grade "Connecting To Success" field trip to Grace Conference Center on Thursday, October 9, 2014. Students will be transported by bus. Students will leave West Ranch about 8:15am and return about 1:15pm. Students may purchase lunch when they return to West Ranch.

NOTE TO PARENT / GUARDIAN

Section 35330 of the California Education Code states in part:

"All persons making the field trip shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."

I give my permission for my student to attend this trip. I agree to direct my student to be cooperative with directions and instructions of the school district personnel in charge of the activity.

X

(Parent's / Guardian's Signature)

Date

AUTHORIZATION FOR MEDICAL CARE

Should it be necessary for my child to have medical care while participating in this trip, I hereby give the School District personnel permission to use their judgment in obtaining medical care and ambulance service for the child, and I give permission to the physician selected by the School District personnel to render medical care deemed necessary and appropriate by the physician. I understand that the School District has no insurance covering such medical or hospital costs incurred by my child and therefore, any cost incurred for such treatment shall be my sole responsibility.

Student Name

Birthdate

Home Address

Home Telephone Number

Parent / Guardian Name

Parent / Guardian Work Telephone #

Parent / Guardian Emergency Contact Telephone #

Parent / Guardian Signature

DATE

X

Please return this form to your English teacher by October 1, 2014

Instructions for special medical treatment