



Career Trek

ELEMENTARY EDUCATION CAREER SYMPOSIUM

Hosted by Dist. 54 and Schaumburg H.S.

Get your questions about how to become an Elementary School teacher answered by professionals from District 54 including teachers, principals, the Superintendent of Human Resources and the Director of Mentoring!

WHEN: Thurs., Nov. 5
TIME: 9:00—11:00 a.m.

Sign-up in the CRC



More Information:
Mrs. Menich, Career Advisor
CRC—Rm.102
Tues., Wed., Thurs., Per. 1-8
jmenich@d211.org

Pre-Excusal to be returned by Mon., Nov. 2, 2008
JAMES B. CONANT HIGH SCHOOL

STUDENT FIELD TRIP/PRE-EXCUSAL ABSENCE FORM

College Visit Pre-Excusal Out of School Field Trip In School Field Trip

PART I - TO BE FILLED OUT BY STUDENT (Please print)

Serial Number Student's Name (Last) (First) (Initial)

DATE(S) Thurs. Nov. 5, 2009 PERIODS **1 2 3 4** 5 6 7 8 After School

(Circle periods to be out of classes)

CHECK ONE: Academic (name of course) _____

Activity (name of activity) _____

Pre-Excusal (name of activity) Career Trek – Elementary Education Symp.

College Day- Out of Town/Court/Etc. (College Visits must be signed by counselor)

Counselor signature : _____

Department Chairperson Signature: _____

Name of Teacher/Sponsor: Jacqui Menich, Career Advisor Destination: Schaumburg High School

Transportation by: Bus Train Walking Vehicle driven by: _____

PART II — TO BE READ AND SIGNED BY PARENT FOR ALL SCHOOL FIELD TRIPS

My son/daughter named above has my permission to participate in this field trip. I understand that STUDENT ACCIDENT INSURANCE, if I have paid for the coverage, is in force on these trips only when student is under the general supervision of the teacher or supervising adult appointed by the school. The student is not to remove himself from that supervision by unauthorized conduct such as leaving the group. I further understand that all rules and regulations governing student conduct remain in effect while the student is participating in a supervised field trip. My permission is granted to the supervising adult to allow him/her to take all necessary actions should an emergency arise. In case of an accident or incident requiring medical attention, the faculty supervisor will attempt to contact parents immediately. Emergency numbers and physician are listed below. I give the faculty supervisor permission to arrange for medical attention and I accept financial responsibility for that attention should the supervisor be unable to reach me.

I agree to above statement (Please check)

 Parent/Guardian Signature Date

PART III — PARENTAL/GUARDIAN EMERGENCY CONTACT INFORMATION

Home Phone # ()	Father's Work Phone # ()	Mother's Work Phone # ()	Cell Phone # ()
Physician's Name	Physician's Phone # ()	Alternate Contact Name	Alternate Phone # ()

MY ASSIGNMENTS

Period	Course	Teachers Initials	Assignments (Include any assignments due before, on the day of or after the absence that the student needs to be aware of.)
Period 1			
Period 2			
Period 3			
Period 4			
Period 5			
Period 6			
Period 7			
Period 8			