

**Eckstein Middle School**  
3003 NE 75<sup>th</sup> St., Seattle, WA 98115  
Phone: 206.252.5010 Fax: 206.252.5011

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**8<sup>th</sup> Grade End of the Year Celebration CRUISE**  
**Friday, June 19, 2009**

Students will be leaving Eckstein at approximately **9:30 A.M.** and returning at approximately **1:00 P.M.**

**Cost: \$40.00 per student/\$25.00 per adult (transportation, lunch, and activities)**

**\*\*\* This form must be signed and returned with the correct fee by Thursday, June 11, 2009. \*\*\***  
**\*\*\* ALL FINES MUST BE CLEARED IN ORDER TO PARTICIPATE\*\*\***

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

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

Homeroom Teacher: \_\_\_\_\_

Room #: \_\_\_\_\_

Parent/Guardian Purchasing a ticket? Yes \_\_\_\_\_

How Many \_\_\_\_\_

No \_\_\_\_\_

Scholarships are available for students who may need assistance. If you need a scholarship or would like to help contribute towards a scholarship please indicate below:

- Enclosed is \$ \_\_\_\_\_.  Cash or  Check # \_\_\_\_\_
- My student does not need a scholarship, but I would like to help by contributing \$ \_\_\_\_\_ towards a scholarship for another student.
- My student needs a scholarship in amount of \$ \_\_\_\_\_.

By signing this form, I give permission for \_\_\_\_\_ to go on this field trip and I have provided all the information requested. I release and hold harmless the Seattle Public Schools and Eckstein Middle School, its staff and volunteers from any and all liability for any harm to my child as a result of this trip. My student agrees to follow Seattle Public Schools' rules for conduct and behavior.

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

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

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

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

**\*\*\* Please see Mrs. Wong in the Main Office if you have a fine \*\*\***

**\*\*\*Remember to fill-out and sign the back! \*\*\***

## Emergency Contact and Medical Information

Parent/Guardian Name(s): \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other/Emergency Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Specific Medical Needs** (Please indicate here if your student needs emergency medication i.e.: Epi Pen, inhaler, etc.)

Does your student have any allergies? (food, bee sting, medications, etc.) If yes, please list:

Is your student taking medication? If yes, please list:

Parent/Guardian Signature: \_\_\_\_\_

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

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