

Student Justice Conference Northshore School District



Dear Northshore Families,

The Northshore School District Racial and Educational Justice Department is announcing our Student Justice Conference for high school students in Northshore. This conference will be held on Friday, March 25th from 9:45 a.m. - 2:15 p.m. at Cascadia College.

WHO CAN ATTEND: This conference is designed for Northshore School District high school students.

PURPOSE: The purpose of the Student Justice Conference is to build space for Northshore's high school students to celebrate their intersectional identities, build community and collaborate with one another, grow their knowledge and understandings about various forms of justice, meet and work with educators and community partners, and learn more about various higher education opportunities.

THEMES: Identity, collaboration, education, leadership, justice, and intersectionality

BRIEF CONFERENCE OUTLINE: During the conference, students will hear from keynote speaker Dr. Christopher Emdin; attend two workshop sessions of their choice that will be led by community members; learn about higher education options, resources, and supports from UW Bothell and Cascadia College students and faculty; and have the opportunity to take a guided campus tour of UW Bothell and Cascadia.

LOGISTICS: Lunch and District bus transportation will be provided. This will be an excused absence for all students who attend.

Due to limited venue capacity, there is a cap for how many students at each school can attend the conference (45 students at each of the following: NCHS, BHS, WHS, IHS; 20 students at each of the following: Innovation Lab, SAS, Northshore Networks, Northshore Virtual Program). This means that conference registration is on a first come first served basis. The last day for all students to submit their permission packet is Friday, March 18th, 2022.

Thank you,

Racial and Educational Justice Department
Northshore School District



PARENT / GUARDIAN PERMISSION FORM
For Field Trip, School-Sponsored Activity, or Community Event

Prior to the field trip or use of private vehicle, complete all applicable parts and return to teacher.

Student's Name: _____ Student's ID Number: _____

Name of School: _____ Field Trip Contact Person: _____

Date: _____ Time leaving school: _____ Time returning to school: _____

Field Trip to (destination): _____

Other destination (incl. sightseeing or side trips): _____

At this public performance or community service event, alcohol may be served to the adult patrons.

◆ Bus Fee: _____ (Amount/None) ◆ Student Fee: _____ (Amount/None) ◆ Sack Lunch (Disposable) Yes No

Transportation will be provided by:

- School District Bus
- * District/Private Vehicle - Staff Driving (Type II driver's license required)
- * Private Vehicle - Student Driving (self only)
- * Private Vehicle - Parent Driving
- Rental/Charter Bus
- Walking
- Watercraft
- Commercial Airline, Train

**NO Private Vehicles are permitted for Kindergarten through 3rd grade field trips.
Bus transportation (district or chartered) is required.*

Student Medication / Health Alert (Confidential)

In case of a serious medical emergency, 911 will be called to evaluate your student. Please provide a phone number where someone can be reached during this field trip. (_____) _____

My student has a specific issue / condition that needs to be reported to the driver for safety. (Describe) _____

Yes No My student will bring "over the counter" or prescription medication on this field trip, **other** than what the student normally takes during the school day. **All medication must be labeled in the original container** with the student's name on it. Any medication not authorized by your physician cannot and will not be administered.

If YES: I have completed the form "Authorization for Medication" and had it reviewed, signed, and returned by the prescribing physician.

I need a blank "Authorization for Medication" form.

Life Threatening Condition: Yes No (e.g., severe bee / food allergies, severe asthma, severe seizures, diabetes, etc.)

If YES, please indicate: _____
(School will attach Emergency Plan)

Note: Any student who does not return a signed Parent / Guardian Permission Form granting permission to attend the field trip, will not be allowed to participate.

My signature below indicates my student is hereby granted permission to attend the field trip described above.

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent / Guardian Signature: _____ Date: _____

I can drive on the above-mentioned field trip. I have _____ seats with seatbelts available.

PHOTO RELEASE FORM

Your child can attend this event regardless of photo release confirmation.

During this event, we will take photographs and video of the conference activities which will involve students to participate and share their experiences. Photographs and videography may capture your child's participation, directly or indirectly.

These photos and videos may be published through our printed publications, website, social media pages, news media platforms, and ads.

We seek your consent in allowing the Northshore School District to publish photos and videos which may involve your child to the said platforms.

Please do provide your response by selecting your choice below and submitting this form:

- I hereby allow the reproduction and publication of my child's photograph(s)
- I do not allow the reproduction and publication of my child's photograph(s)

School: _____

First/Last Name of Student: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

DIETARY RESTRICTION FORM:

My child has the following dietary restrictions:

- Vegetarian (Vg)
- Vegan (V)
- Halal
- Kosher
- Pescatarian
- Gluten-Free (GF)
- Food Allergy- if so, please list: _____
- Other: _____
- None