



## STEM Exploration Night 2025 Guidelines and Permission Slip

### GUIDELINES:

- Parking at Federal Way High School is limited; please use the bus shuttles if you can. Bus shuttle routes and overflow parking information can be found at [www.fwps.org/STEMNight/Transportation](http://www.fwps.org/STEMNight/Transportation).
- Scholars can ride the shuttle with a parent or guardian, no permission slip required.
- High school scholars may ride the shuttle by themselves, if they have this permission slip signed by a parent or guardian.
  - High school scholars must turn in their permission slip as they board the bus. They will be given a card with the bus route name and time the last shuttle leaves Federal Way High School.
  - There will be many District personnel and other adults at the event, but individual supervision is not provided. Scholars will be responsible for their participation in the event, and for returning to their shuttle at the appropriate time.
  - Scholars will turn in their card when they get back on the shuttle bus. We will be tracking to ensure that all scholars who rode to the event return on the same bus.

### PERMISSION SLIP:

I \_\_\_\_\_ (*Parent/Guardian Name*) understand that while District personnel will be present at the event, individual supervision is not provided at STEM Exploration Night and that my scholar \_\_\_\_\_ (*Scholar Name*) is responsible for:

- 1) Riding the same bus on the return to their pick-up location, and
- 2) Returning to the bus stop on time

**By signing this permission slip, I agree that I understand these conditions and rules and have discussed them with my scholar who can abide by them.**

_____	_____
<i>Scholar Name</i>	<i>Scholar Phone Number</i>
_____	_____
<i>Parent/Guardian Signature</i>	<i>Parent/Guardian Phone Number</i>

**Please complete and sign the Medical Information and Medical Release on the back of this form.**

If you have questions, please contact [stemexpo@fwps.org](mailto:stemexpo@fwps.org).

**FIELD TRIP PERMISSION FORM**  
**FEDERAL WAY PUBLIC SCHOOLS**

**GENERAL INFORMATION:**

**DATE** \_\_\_\_\_

The \_\_\_\_\_

is planning a trip to: \_\_\_\_\_

The purpose of this trip is \_\_\_\_\_

Place \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Place of Lodging \_\_\_\_\_

We will leave from \_\_\_\_\_ about \_\_\_\_\_  
(Place) (Time)

on \_\_\_\_\_, transportation will be by

Charter Bus \_\_\_\_\_ School Bus \_\_\_\_\_ School Van \_\_\_\_\_ Private Auto\* \_\_\_\_\_ Other \_\_\_\_\_

under the supervision of \_\_\_\_\_ and \_\_\_\_\_

We will return to the school on \_\_\_\_\_, at about \_\_\_\_\_  
(Day) (Date) (Time)

During the trip, local emergency contact may be made through the school principal during school hours. After 4 pm School Security Dispatch ( 253-927-3635 ) may be contacted.

TOTAL STUDENT COST FOR TRIP \$ \_\_\_\_\_ Sack lunch needed? \_\_\_\_\_  
Yes No

**THIS IS A \_\_\_\_\_ REFUNDABLE/ \_\_\_\_\_ NON-REFUNDABLE ACTIVITY**

Code of conduct: I understand that all school and District policies are in effect on all trips, and that students in violation of school policies may be sent home at their own expense.

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**MEDICAL INFORMATION:** (PLEASE DETACH) **Destination** \_\_\_\_\_

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergy, hemophilia, diabetes, heart disease, etc.) \_\_\_\_\_

The following medications / prescriptions or special diets are needed: \_\_\_\_\_

\_\_\_\_\_ Emergency No. \_\_\_\_\_

**MEDICAL RELEASE:**

Authorization is hereby granted to secure proper medical attention and/or hospitalization of \_\_\_\_\_  
\_\_\_\_\_ in the event of a medical emergency. The parent or guardian shall be contacted prior to such action, and if this is not possible, will be notified as soon as possible.

Name of Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**SIGNATURES:**

**I have read and agree to comply with all of the above while on the trip.**

STUDENT \_\_\_\_\_ PARENT \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NO \_\_\_\_\_

TEACHER / ADVISOR \_\_\_\_\_

\*If traveling by private auto note that the driver's automobile insurance may be deemed primary after legal review.

**PLEASE SIGN AND RETURN TO THE **BUS DRIVER****