South Ranchito Elementary School

Here is your OFFICIAL Move-a-thon Collection Sheet!

Aquí esta su hoja OFICIAL de colección!

The Move-a-thon will take place on Monday, May 11, 2015.

We are collecting money to be used for School Resources

(Supplies, Technology, Apps, Fieldtrips, etc.)

*El Move-a-thon se llevara a cabo el **lunes 11 de mayo.** Estamos colectando dinero para Recursos Escolares (Útiles, Tecnología, Excursiones, etc.)*

Student Name: _____ Teacher:_____ Gr.___

Nombre del Estudiante ***Maestro/a*** ***Grado***

Checks should be made out to South Ranchito Elementary.

Los cheques deben hacerse pagaderos a nombre de South Ranchito

SPONSOR'S NAME (Nombre del patrocinador)	**Amount Paid** (Cantidad Pagada)
Total	

MOVE-A-THON

Parents, Please turn in money in a Ziploc bag.

Favor de entregar el dinero en una bolsita Ziploc.

Thank you for your help! Gracias por su ayuda!

$ 10.00 GOAL/META

EL RANCHO UNIFIED SCHOOL DISTRICT

PARENT CONSENT FOR
MEDICAL AUTHORIZATION

To the Principal of South Rancho Elementary School

_____ has my permission to participate in the
(Student's Name)

Move-a-thon on Monday, May 11
(Date(s)

_____ _____

METHOD OF TRANSPORTATION

☐ Walking

☐ _____

I agree to direct my child to cooperate and conform with directions and instructors of the school district personnel in charge of the activity.

_____ _____
Approval Signature Date

PARENTS PLEASE NOTE:

California State Education Code, Section 35330 in part provides:

"All persons making the field trip are deemed to have waived all claims against the District and its employees and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip. If the field trip is outside the State of California, all adults participating in the field trip and all parents or guardians of pupils taking the out of State field trip are required to sign this statement waiving such claims."

MEDICAL AUTHORIZATION

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

_____ _____
Parent Guardian

_____
Address

_____
Home Telephone Number

_____
Business Telephone Number

_____ _____
Emergency Telephone Number

☐ PLEASE CHECK HERE IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT ARE

SOUTH RANCHITO ELEMENTARY SCHOOL
P.T.O.

7 de mayo 2015

Estimados Padres,
El lunes, 11 de mayo, será nuestro Move-a-Thon. Es un evento para recaudar fondos para paseos y otras actividades escolares. Nuestra meta es que **CADA** alumno entregue $10 en donaciones. Por favor recuerde que cada alumno que participe con su bicicleta o scooter (no patinetas) **NECESITARA TRAER EQUIPO DE SEGURIDAD APROPIADA**, su permiso firmado (una hoja amarilla) **Y** sus $10 en donaciones. Alumnos pueden traer cualquier equipo que piensen usar (cuerdas para brincar o hula hoops). Alumnos sin equipo o donaciones caminarán o andarán a trote corto. Esta es una actividad divertida y saludable y queremos que **TODOS** los alumnos esten animados y participen.

¡Gracias por su apoyo continuo!

South Ranchito PTO

South Ranchito Elementary

JOG-A-THON

Monday, May 11, 2015

Lunes 11 de mayo del 2015

Time as follows/*Horario:*

TK/K/1st: 8:45 - 9:05 am

2nd/3rd: 9:15 - 9:35 am

4th/5th: 9:45 - 10:05 am

School Yard

En el patio de recreo

Why? To raise money for school resources:

(fieldtrips, technology apps, supplies, etc...)

Para recaudar fondos para excursiones, tecnología, útiles, etc...

THANK YOU! Gracias!