

CAREER EXPERIENCE EXPO

FRIDAY, OCT 27TH

Full GRAY (even) Day

In-school Fairfax Academy Field Trip!

Industry Experts share their pathways, skills, connections, and their stories through:

WORKSHOPS!

PERFORMANCES!

PRESENTATIONS!

NETWORKING ●●● DISCUSSIONS

INTERVIEWS... and more!

✓ REGISTER BY: 10/13

To register you must turn in packet (to your teacher, Academy Office, or Ms. Hard in E125):

✓ **SIGNED PERMISSION FORM**

✓ **PRE-ARRANGED ABSENCE FORM** with teacher signatures for non-Academy EVEN day classes

✓ **DRIVER/RIDER FORM** (if not taking a shuttle)

Career Experience Expo Transportation

Friday, October 27th (Blue/Odd Day)

TRANSPORTATION NOTICE FOR FULL-DAY PARTICIPANTS *(must turn in completed packet)*

Have a ride?

- Great! See you at 8:30am in the Fairfax High School Auditorium.

Need a shuttle bus?

- AM shuttles are listed below. If your school does not supply one, you will need to secure a ride and fill out the Driver/Rider Form in the packet.

Taking a bus back to your base school at the end of the day? *(Please note **LANGLEY** does NOT provide a PM shuttle and you must arrange for transportation back to school!)*

- Check the schedule below to make sure you know your shuttle number!

SCHOOL	AM SHUTTLE	DEPARTS BASE	ARRIVES FAIRFAX
Madison	S4004	8:17	8:30
Oakton	S4004	8:10	8:30
Robinson	S3000	8:10	8:30
Woodson	S2002	8:10	8:30
SCHOOL	PM SHUTTLE	DEPARTS FAIRFAX	ARRIVES BASE
Annandale	S2400	2:15	2:37
Cedar Lane	S3401	2:15	2:34
Centreville	S3402	2:15	2:40
Chantilly	S3403	2:15	2:38
Falls Church	S2403	2:15	2:31
Justice	S2403	2:15	2:46
Herndon	S4401	2:15	2:56
Lake Braddock	S2401	2:15	2:35
Madison	S3401	2:15	2:44
Marshall	S4400	2:15	2:33
McLean	S4400	2:15	2:43
Oakton	S3401	2:15	2:23
Robinson	S3404	2:15	2:30
South Lakes	S4402	2:15	2:45
West Springfield	S2401	2:15	2:41
Westfield	S3400	2:15	2:48
Woodson	S2402	2:15	2:25



**PARENTAL AUTHORIZATION AND
ACKNOWLEDGEMENT OF RISK FOR FIELD TRIP**

(This form and an attached itinerary description are required for all field trips.)

IMPORTANT DIRECTIONS: (1) Use one form per trip, (2) Complete the school portion (top half) of form, (3) Duplicate one form per student, and (4) Send a copy home for parent and student signatures.

TO BE COMPLETED BY THE SCHOOL

Date(s) of Trip FRIDAY OCT. 27th	Destination FAIRFAX HIGH SCHOOL
Purpose FAIRFAX ACADEMY CAREER EXPO	

SUPERVISION (Check one.)

- ☒ Students will be directly supervised by adults on this trip at all times
- ☐ Students will be directly supervised by adults on this trip with the following exceptions:

TRANSPORTATION BEING PROVIDED (Check all that apply.)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Walking | <input checked="" type="checkbox"/> School Bus | <input type="checkbox"/> Commercial Carrier | <input type="checkbox"/> Personal Vehicle |
| <input type="checkbox"/> Leased Vehicle | <input type="checkbox"/> County Vehicle | <input type="checkbox"/> None | |

DRIVERS OF PRIVATE OR LEASED VEHICLES (Check all that apply.)

- | | | | |
|----------------------------------|---------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Student | <input type="checkbox"/> Parent | <input type="checkbox"/> Teacher or Staff Member | <input type="checkbox"/> Other Adult |
|----------------------------------|---------------------------------|--|--------------------------------------|

VEHICLE TYPE (Check all that apply.)

- | | | | |
|------------------------------|---|------------------------------|---|
| <input type="checkbox"/> Car | <input type="checkbox"/> Van (10 passenger or less) | <input type="checkbox"/> SUV | <input type="checkbox"/> Other _____
(Specify) |
|------------------------------|---|------------------------------|---|

RISK RELATED (Check all that apply.)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Amusement or Theme Park | <input type="checkbox"/> Beach or Ocean | <input type="checkbox"/> Other _____
(List activity) |
|--|--|---|---|

Pupil Agreement

While participating in this trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

Signature of Student

Date

TO BE COMPLETED AT HOME

PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS

I understand that participation in this trip is voluntary, that it is not required, and that it exposes my child to some risk(s). I also understand that the trip may include amusement activities and that participation in any amusement activities will expose my child to some risk of injury or even death. I have read and understand the itinerary and authorize my child to participate in the planned components of the trip to the extent indicated by my signature below. I also understand that participation in the trip will involve activities off school property; therefore, neither the Fairfax County School Board, or its employees and volunteers, will have any responsibility for the condition or use of any nonschool property.

PARENT PERMISSION (Check all that apply.)

- ☐ Participation in all aspects of this trip.
- ☐ Participation in all aspects of this trip, except the amusement and theme park activities.
- ☐ Participation in all aspects of this trip, except the water-related activities.
- ☐ Other _____

I give permission for _____ to participate in this field trip.

Signature of Parent

Date

IMPORTANT NOTICE Fairfax County Public Schools (FCPS) cannot be responsible for reimbursements to parents or students of money submitted as advance payment (e.g., for Broadway shows, transportation, or hotels) for any trip that FCPS cancels. It is strongly recommended that parents review the commercial carrier's contract, including its stated refund policies, BEFORE your child signs.



REQUEST FOR PREARRANGED ABSENCE MIDDLE AND HIGH SCHOOL

1. Student

Student Name _____

Student ID _____

Grade _____

Parent or Guardian Name (please print name) _____

Middle or High School _____

I request a prearranged absence for my child on the following date(s) _____

Please provide details about the reason for this absence:

- ☐ Medical ☐ Religious Observance ☐ Family Emergency ☐ College Visit ☐ Civic Engagement Activity*
(partial school day)
- ☐ Other _____

Excused absences may include, but are not limited to, the following reasons: illness (including mental health and substance use illnesses), injury, funerals, legal obligations, medical procedures, religious observances, military obligations, deployment-related absences, family emergencies, or other reasons deemed acceptable by the principal.

If the reason for this prearranged absence is different from the above, please indicate the reason for the absence. Parents must plan to arrange for their child to complete make-up work, tests, or projects. If the student's absences are excessive, a parent conference may be required. Students who are absent 15 or more consecutive school days will be withdrawn from enrollment.

*Civic engagement activities are optional, and not supervised by FCPS. Such requests are limited to one time per year.

I acknowledge that I have reviewed these requirements.

Parent or Guardian Signature _____

Date _____

2. Teacher Review

Please indicate your recommendations

Period	Subject	Teacher Name	Initials	Comment
1				
2				
3				
4				
5				
6				
7				
8				

3. Administration Review

Administrator Name _____

Administrator Signature _____

Date _____



STUDENT WITH PARENT RIDER FORM

PARENTAL AUTHORIZATION & ACKNOWLEDGEMENT OF RISK ATHLETIC PROGRAM

STUDENT RIDING WITH ANOTHER PARENT

I, _____, give permission for my son/daughter, _____,
(Printed Parent Name) (Printed Student Name)
to be a passenger in a vehicle operated by another parent (designated driver), for the purpose of driving to and
from athletic practices, competitive meets, and/or team functions during the _____ sport season.
(i.e. 2017 School Year)

STUDENT AGREEMENT

While participating in this program, I will accept responsibility for maintaining good conduct and appearance,
and I will follow directions at all times.

GENERAL INFO

I understand that participation in this program is voluntary, that it is not required, and that it exposes my child to
some risk(s). I also understand that participation in this program will involve activities off school property;
therefore, neither the Fairfax County School Board, or its employees and volunteers, will have any responsibility
for the condition or use of any non-school property.

I further understand that this permission may be revoked at any time by contacting the Head Coach or the
Director of Student Activities, at _____ School.

IMPORTANT

No parent can be a designated driver without the completion of the form, FS-142 Field Trip Driver's License
and Vehicle Insurance Information by the designated driver. The personal vehicle liability insurance of the
owner/driver will be the primary coverage in the event of an accident.

Signed _____
Student Signature

Date _____

Signed _____
Parent Signature

Date _____



STUDENT WITH STUDENT RIDER & DRIVER FORM

PARENTAL AUTHORIZATION & ACKNOWLEDGEMENT OF RISK ATHLETIC PROGRAM

Fairfax County Public Schools does not provide transportation for the _____
athletic program or the program has opted to self-transport.

STUDENT RIDING WITH ANOTHER STUDENT

I, _____, give permission for my son/daughter, _____,
(Printed Parent Name) (Printed Student Name)

to be a passenger in a vehicle operated by another student (designated driver), for the purpose of driving to
and from athletic practices, competitive meets, and/or team functions during the _____ sport
season. (i.e. 2016 School Year)

STUDENT DRIVING ANOTHER STUDENT

I, _____, give permission for my son/daughter, _____,
(Printed Parent Name) (Printed Student Name)

to operate a personal passenger vehicle (designated driver) for the purpose of driving team members to and
from athletic practices, competitive meets, and/or team functions during the _____ sport season.
(i.e. 2016 School Year)

STUDENT AGREEMENT

My son/daughter (by signature below) agrees to abide by these terms and understands that any deviation will
automatically revoke this authorization and will place his/her position and status at risk on the
_____ Team. My son/daughter agrees to travel ONLY directly to and from
practices, meets, and other team functions.

GENERAL INFO

I further understand that this permission may be revoked at any time by contacting the Head Coach or the
Director of Student Activities, at _____ School.

IMPORTANT

No student can be a designated driver without the completion of the form, FS-142 Field Trip Driver's License and Vehicle Insurance
Information by the designated driver's parents. The personal vehicle liability insurance of the owner/driver will be the primary coverage
in the event of an accident.

Department of Motor Vehicles (DMV) Passenger Restrictions, described below must be followed:

As a driver under the age of 18, you may transport only one passenger under the age of 21 during the first year that you hold your
driver's license. After you have held your license for one year or until you reach age 18, you may carry only three passengers under
age 21. Violation of the passenger restrictions can result in the suspension of your driver's license.

Signed _____
Student Signature

Date _____

Signed _____
Parent Signature

Date _____