



# Freedom High School

1050 Neroly Road • Oakley, CA 94561 • (925) 625-5900 Fax: (925) 625-0396



Dear Student: \_\_\_\_\_

This letter is to confirm your attendance in the Bowling Class offered at Harvest Park Bowl located at: 5000 Balfour Rd., Brentwood, CA 94513. Telephone number: 925-516-1221.

Although you are not formally on the Freedom High School Campus during this time, we need to remind you that you are still obligated to follow all rules outlined in the Student Handbook for Freedom High School.

It is your responsibility to provide your own transportation to your Bowling Class, which starts at 7:50 a.m., and be back to the Freedom High School Campus by 9:49 a.m.

If excessive tardiness ensues from attending this off-site P.E. class, you will be dropped from this class.

Sincerely yours,

Kelly Manke  
Principal  
Freedom High School

\_\_\_\_\_  
Student Name                      Date

\_\_\_\_\_  
Parent/Guardian                      Date

\_\_\_\_\_  
Building Administrator                      Date

EF/ka

FRONT and BACK of LETTER MUST BE COMPLETED

AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER

**LIBERTY UNION HIGH SCHOOL DISTRICT**

Freedom High School  
1050 Neroly road  
Oakley, CA 94513  
925-625-5900

I hereby give permission for my son/daughter: \_\_\_\_\_  
to attend the P.E. bowling class, located at Harvest Park Bowl, 5000 Balfour Rd., Brentwood, CA 94513.

Time of class: 7:50 – 9:10 a.m. Time to return to Freedom High School: 9:49 a.m.

Means of transportation: \_\_\_\_\_

Is Driver transporting other students? \_\_\_\_\_ If yes, please provide names of  
Students: \_\_\_\_\_

We will need Proof of Insurance with a photo of your Insurance card with your Policy # and your Driver's License:

All persons taking the class at Harvest Park Bowl shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reasons of this class. (Ed Code 35330).

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

\_\_\_\_\_  
Date

In case of emergency and medical attention is needed, my student's regular doctor is:

\_\_\_\_\_. We have medical insurance covering him/her with:

\_\_\_\_\_. Policy # \_\_\_\_\_.

Home Telephone Number: \_\_\_\_\_ Father's Work Telephone #: \_\_\_\_\_

Mother's Work Telephone #: \_\_\_\_\_.

Home Address: \_\_\_\_\_.

Mailing Address (if different from above): \_\_\_\_\_.

Please list below any medication or medical information, which should be know. (Include any medication to which your student may be allergic.)

\_\_\_\_\_  
\_\_\_\_\_

I give the teacher in charge the authority to obtain immediate medical attention.

\_\_\_\_\_  
Parent Signature

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