



South Texas Preparatory Academy

"BUILDING A LEGION OF LEARNERS"

Student Name _____ ID# _____ Grade _____

Home Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Parent/Guardian,

This form requests your permission to allow your child to travel to all meets during the 2017-2018 school year for the purpose of academic competition at the sanctioned UIL tournaments. All students will be traveling on school bus or van. It is understood that the students will be chaperoned during the trips and that all precautions will be taken in the interest of their safety and well-being. Student is subject to all school rules and policies. We agree that the sponsors and school will not be held responsible for any accidents or misfortune which might occur in connection with these trips.

Included in this form is an authorization for your child to be treated and/or hospitalized by a physician in case of an accident or illness. If your child has any special medical needs or is allergic to any medications or treatments please list those below.

Mrs. P. Mon
UIL Coordinator

Mrs. B. Nieto
UIL Coordinator

Mrs. A. Castro
Principal

Parent /Guardian _____

If the parent is unavailable contact _____ Phone _____

Doctor's Name _____ Phone _____

Special Needs- allergies or illnesses _____

With my signature I hereby give permission for my child to travel to all UIL Academic meets during the year.

Parent/Guardian Signature

Diet- Please check a box below

Vegetarian yes ___ no ___

red meat yes ___ no ___ chicken yes ___ no ___
pork yes ___ no ___

STPA



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