

**Incoming 9<sup>th</sup> Grade Orientation Agenda  
2016-2017 School Year**

As a class, we decided that we wanted to get out of the building for orientation this fall, and we have reserved the Eklutna Lake group site for our use. We will be leaving by bus after lunch on the 22<sup>nd</sup> of August (our first day back) and returning by bus to Steller on the 23<sup>rd</sup> at 10 am.

**We will meet with parents and students to get organized on Thursday, August 18<sup>th</sup> at 5 pm in the Multi-purpose room prior to the all-school BBQ.**

**What we will do at Eklutna:**

- 1) Set up tents and stow gear
- 2) Choose and participate in bonding games
- 3) Elect class officers
- 4) Discuss Steller philosophy and how 9<sup>th</sup> grade is important
- 5) Hike along lake or up Twin Peaks trail

**Packing List:**

\$10 for food, charcoal, lighter fluid and camp site fee  
Layers of clothing and extra clothing: Rain, cold, etc.  
Sleeping bag, sleeping pad, pillow  
Tent or be a part of a tent group  
Appropriate shoes for hiking and walking-closed toe shoes  
Light snacks or personal items  
Water bottle  
Insect repellent

**Things we need from parents:**

Volunteers to shop for and/or transport food, and camping gear  
Two sets of BBQ utensils  
Managing the BBQ  
Hiking companions/chaperones  
Coolers and ice

**Thanks for all your support!  
Ken, Becky, and Svetlana**

ANCHORAGE SCHOOL DISTRICT  
ANCHORAGE, ALASKA

Parent Permission for Activities and  
Authorization for Emergency Medical Treatment

To: Steller Date: 8/10/2016  
(Name of school)

I/we hereby give permission for our son/daughter \_\_\_\_\_  
to attend the Eklutna overnight  
(Activity)  
in Eklutna on Aug 23/23  
(Location) (Date)

I/we understand that he/she will be traveling to this function via bus/car  
and that proper supervision and chaperoning will be provided by the Anchorage School  
District.

It is agreed that \_\_\_\_\_  
(Student name)

will abide by all rules and regulations imposed by the School District authorities.

I/we consent to any emergency transportation, medical treatment, care or hospitalization deemed necessary for the welfare of my son/daughter by a licensed physician, dentist, qualified nurse or hospital in the event of injury or illness while he/she is participating in the above stated activity. I/we understand that the district will assume no liability or costs for such emergency transportation and medical treatment. I/we also understand that the Anchorage School District does not carry accident medical insurance for students and that such insurance coverage is my responsibility.

Dated in \_\_\_\_\_, Alaska, this \_\_\_\_\_ day of  
\_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Student