



SAN JOAQUIN COUNTY
OFFICE OF EDUCATION

Elementary County Spelling Bee 2024

Student Permission Form

Congratulations! You are invited to the San Joaquin County Elementary Spelling Bee Finals.

When: Monday, December 2, 2024 This is a written test.

Location: Wentworth Education Center in the Burwood Auditorium
2707 Transworld Drive, Stockton, CA 95206.

Time: Check-in at 3:15 pm, competition will begin at 4:00 pm

Grade level: _____

Student Name: _____ Student at (school name): _____

District: _____ and living at (home address): _____

City, State, Zip: _____ Home Phone: _____

wishes to participate in the San Joaquin County Spelling Bee, a voluntary competition, to be held at the San Joaquin County Office of Education on **Monday, December 2, 2024**. As the parent/guardian of my student, I agree to hold the San Joaquin County Office of Education, its Governing Board, officers, employees, volunteers and agents, harmless from any and all claims of liability arising out of their negligence, or any other act or omission which causes my student injury or damages of any nature in connection with my student's participation in this activity, pursuant to Education Code section 35330. Additionally, I agree and understand that the San Joaquin County Office of Education is not responsible for the transportation of my student, or any incidents that arise out of the transportation of my student to or from the program. I further agree that I will encourage my student to follow the **County Spelling Bee rules** and accept the interpretations and decisions made by the **County Spelling Bee Committee**. By signing this request I expressly consent to the possible release of educational information concerning or relative to the participation of my student in the **County Spelling Bee** and associated activities. Such information shall include, but is not limited to, the release of photographs, test results, the reproduction or transmission of sound, motion picture, and video or digital recordings. Consent is likewise given for the use of my student's school information by any institute of higher learning for the purposes of study, comparison and the furtherance of knowledge in the fields of education or human behavior. The San Joaquin County Office of Education shall have the right to reproduce, use, display and disseminate without obligation of any kind to any person, the test efforts resulting from the **County Spelling Bee**.

I, THE UNDERSIGNED, HAVE READ THIS DOCUMENT AND AGREE THAT MY STUDENT'S PARTICIPATION IN THIS PROGRAM IS PURELY VOLUNTARY. I UNDERSTAND THAT THIS DOCUMENT IS A RELEASE OF ALL CLAIMS. I VOLUNTARILY SIGN MY NAME ON MY AND MY STUDENT'S BEHALF AS EVIDENCE OF MY ACCEPTANCE OF THE ABOVE PROVISIONS AND PARTICIPATION IN THE PROGRAM.

Parent/Guardian Signature: _____

For further questions visit our website:

<https://sjcoe.org/spellingbee/>

or

209-468-4866 mihicks@sjcoe.net