**SCHOOL DISTRICT NO. 50 (HAIDA GWAII)**

**BOARD POLICY MANUAL**

**D.4.1 (3500-1) STUDENT ACTIVITY – PARENT REQUEST FORM**

**Adopted:** November 1999

**Last Revision: \_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Student: Date:

Home Telephone:

The information below pertains to a school sponsored student activity:

Description of Activity:

Location:

Date: Time of Activity:

Method of Transportation:

Participant Travel Fee:

Departure Time: Anticipated Return Time:

Sponsor:

If you have any questions regarding this activity please contact the undersigned.

Signature:

Principal

 Student Expectations

(a) Obey instructions of the supervisor;

(b) Understand that it is a privilege to travel on behalf of the school and school district and, for disregard of travel rules, the privilege may be withdrawn;

(c) Conduct themselves in a manner that will bring credit to their parents/guardians, their supervisors, their school and the district;

(d) Be returned home at the expense of the parents/guardians if, in the opinion of the supervisor and principal, there is serious misconduct;

(e) Recognize that participation in school travel events requires co-operating with regular class teachers and getting assignments done;

(f) Return completed Parent Request Forms and travel fee in advance of the trip.

(g) Ride on school arranged transportation, unless special arrangements have been made with the supervisor and the school principal;

(h) Obtain the permission of their supervisor for any unscheduled or unplanned activity;

(i) Be in the company of one or more "buddies" when on their own;

(j) Under no circumstances, consume alcoholic beverages or use illegal drugs;

(k) Assist in leaving the activity site in a clean and orderly condition;

(l) Attend school if it is in session, up until the time of departure and immediately upon return, unless excused by the supervisor.

**I have read and understood the information above, the District Student Expectations on the reverse and request that my son/daughter be included in this activity.**

**Signature: \_\_\_\_**

**Parent/Guardian**

Medical Plan Number: \_\_\_\_\_\_\_\_\_

Plan Name: \_\_\_\_\_\_\_\_\_\_

Student’s I.D. Number:

Special Medical Concerns/Information: \_\_\_\_\_\_