



SCHOOL DISTRICT NO. 50 (HAIDA GWAI)
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to travel on behalf of the school and school district and, for disregard of travel rules, the privilege may be withdrawn;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: _____

