Other Student Travel (School-Sponsored)

When planning travel governed by the accompanying Board Policy, the staff member organizing the trip shall follow the preparation procedures outlined below.

1. Prepare a proposal using the prescribed form (**Attachment A**). Submit the proposal to the building principal or designee at least 90 days in advance of the proposed departure date. Extension of this deadline may be granted at the sole discretion of the Superintendent for good cause shown. No expenditures should be incurred by the staff member prior to the approval of the trip. In addition to the approval of the building principal or designee, the approval of the Director of Curriculum, Instruction and Professional Learning shall also be required for all overnight trips.

2. Neither staff members nor chaperones are permitted to transport students to/from travel locations in private vehicles, absent written permission from the building principal, Director of Curriculum, Instruction and Professional Learning and the Business Manager. Additional insurance and supporting documentation will be required at private expense.

3. If a travel agency is retained in order to assist with arranging the necessary accommodations, the agency shall provide a signed statement that indicates a willingness to meet the following criteria:

    - Provide a performance bond with a penalty sum clause to cover the amount of all monies needed for expenses of the trip.
    - Provide a written statement outlining all services which the agent or agency will provide, along with its costs.
    - Provide a statement of any insurance that is included with the program and its cost.
    - Provide a written statement listing all items and costs NOT covered that might otherwise be understood to be covered.
    - Agree to operate only through bonded agents and carriers.
    - Use air transportation only when it approved by the International Air Transport Association (IATA) and the Airlines Reporting Corporation (ARC).
    - Be an approved agent of any air carrier used.
    - Furnish copies of all correspondence conducted for the program to the program organizers upon request.

4. If the trip is approved by both the building principal or designee and, if necessary, the Director of Curriculum, Instruction and Professional Learning, consult with the Business Manager to determine whether any insurance coverage must be arranged, and who will be responsible for the cost of such insurance.

5. In the event that there are students who wish to participate in the trip but who are unable to do so due to an inability to pay the costs associated with such participation, consult with the building principal or designee to determine whether funds may be available to enable such students to participate. (See Board Policy and Administrative Regulation 5312 (Participation in Programs & Activities - Economically Disadvantaged Students).

6. Ensure that accommodations included in the 504 Plans and IEPs of students who will be attending the trip can be implemented on the trip.

7. Ensure all chaperones who will be attending the trip have submitted the criminal history background checks and child abuse certifications in accordance with Board Policy 1300 (Volunteers), if applicable.

8. Consult with school nurse to plan for management/supervision of student health needs on the trip, as necessary.

9. Prepare a detailed informational packet for parents/guardians (including the prescribed Parent/Guardian Permission Form (**Attachment B)**, Medical Authorization (**Attachment B**), and Release & Indemnity Agreement (**Attachment B**)). The packet shall be approved by the building principal prior to being sent to parents/guardians, and shall include, at a minimum:

    - Detailed travel plan, including, but not necessarily limited to: dates, destination, transportation and lodging arrangements, provisions for student supervision on the trip, including the number and identity of District employees and/or other adult chaperones that will be accompanying students on the trip, the educational purpose(s) of the trip, and the number of instructional days to be missed (if any).

    - Contact information where the staff member(s) organizing the trip and trip participants can be reached during the trip in the event of an emergency.

    - Information regarding the cost of the trip, payment deadlines, and any required or available insurance (health, trip cancellation, baggage, etc.).

    - Any trip-specific rules that students are expected to follow, along with a reminder that all regular school rules, Board Policies and Administrative Regulations remain in effect during the trip.

    - If applicable, written notice to parents/guardians that there will be times when students are not under the direct supervision of District chaperones (examples: while in home stays, in hotel rooms, visiting schools and in classes, with host student groups).

10. Hold at least one meeting of parents/guardians and students to review the trip itinerary, expectations regarding student conduct on the trip, and procedures to be followed in the event of an emergency.

11. Hold at least one meeting of all chaperones attending the trip to review the trip itinerary, responsibilities and expectations of chaperones on the trip, and procedures to be followed in the event of an emergency.

12. Ensure adequate records are kept of all funds paid by students attending the trip, if applicable, and ensure that such funds are promptly deposited into a student activity account for the particular trip/program.

13. Obtain proof of medical coverage for each participant, either through family coverage or purchase through the District, if required.

14. Notify the attendance office of all students who will be absent from school as a result of attending the trip.

15. Obtain and take on the trip emergency contact information for each student attending the trip in case of an emergency. Submit a copy of this emergency contact information to the building principal or designee prior to departure.

16. During the trip, notify the building principal or designee of any material changes to the trip itinerary and any emergency situations or problems that arise.

Student Travel Proposal Form
Attach Additional Sheets as Necessary

Staff Member Organizing Trip: _____

Destination: _____

Dates of Trip: _____

Brief Statement of Educational Relevance/Value: _____

_____

Means of Transportation: _____

Cost/Refund Policy: _____

Will Adequate Provisions Be Made to Ensure Economically Disadvantaged Students Wishing to Participate May Do So? Explain. _____

School Days Missed by Students (if any): _____

Number of Students on the Trip: _____

Staff/Chaperone Names: _____

_____

Ratio of Students/Chaperone: _____ Total Substitute Days Needed for Chaperones: _____

Will Adequate Provisions Be Made to Ensure Chaperones Have Provided Background Checks/Child Abuse Certifications Required by Board Policy? Explain. _____

_____

Has the School Nurse Been Consulted to Discuss Management of Student Health Needs on Trip? Explain. _____

_____

Provision for Medical Emergencies: _____

_____

Provision for Medical/Accident Insurance: _____

_____

Will Adequate Provisions Be Made to Ensure Implementation of Applicable Section 504 Plans and IEPs on the Trip? Explain. _____

_____

Phone Number to Reach Trip Organizer and Participants in Case of Emergency: _____

Provision for Trip Cancellation Insurance or Failure to Perform Insurance: _____

_____

Tour Agent/Agency (If Applicable): _____

***** Attach a Detailed Trip Itinerary to this Proposal Form *****

Date of Parent/Guardian/Student Meeting to Review Itinerary/Expectations: _____

Approval of Principal: _____Approval of Director of Curriculum, Instruction and Professional Learning: _____

Tredyffrin/Easttown School District
Student Travel Permission Form
Attach Additional Sheets as Necessary

I. Parent/Guardian Permission
II. Medical Authorization
III. Release & Indemnity Agreement

Section I. Parent/Guardian Permission Form

_____, grade _____, homeroom _____, has my permission to
(Student Name)

participate in the trip to _____ ("the trip") from _____
(Destination) (Departure Date)

through the return, scheduled for _____. In granting this permission, I understand
(Return Date)
the following:

1. The staff member(s) organizing the trip is/are: _____

_____

_____

2. The chaperones are (to the extent known at this time): _____

_____

_____

3. A copy of the proposed itinerary is attached for my review, which includes information on the proposed travel arrangements, accommodations, cost, and important dates/deadlines.
4. **Tredyffrin/Easttown School District will not be responsible for unrefunded monetary deposits/monies lost due to the cancellation of this trip for any reason.** The policy on refunds in case of voluntary withdrawal from the trip is _____

_____

6. My child is required to abide by all _____ School and Tredyffrin/Easttown School District school rules, applicable Board Policies, Administrative Regulations, and Codes of Conduct as a condition for participation in this trip. I have discussed this condition with my child and represent that they agrees to this condition. Failure to abide by such rules and regulations shall be cause for the chaperones to send my child home early at my personal expense. In addition, students are subject to disciplinary action up to and including suspension and expulsion from school upon their return. I am aware suspension and/or expulsion could adversely affect, among other things, my child's standing to participate in athletic or extracurricular activities, ability to attend school dances, proms, and graduation ceremonies, membership in National Honor Society, and college and employment applications.

Section II. Medical Authorization

I authorize the District employees and chaperones listed above to act in my stead in authorizing medical treatment for my child, including hospitalization, if deemed necessary, by the District employees and/or chaperones. In granting this authorization, I am advising the District employees/chaperones that the medical treatment sought should be the best reasonably available, and that cost is to be of secondary concern.

Section III. Release and Indemnity Agreement

In consideration for the Tredyffrin/Easttown School District's permitting my child to participate in the voluntary trip identified above, I agree, on my own behalf and on behalf of my child:

1. To **assume all risks** associated with my child's participation in the trip mentioned above; and

2. To **release** the Tredyffrin/Easttown School District and its agents, officers, representatives, directors, administrators, volunteers, and employees (in particular any District employee and/or chaperone identified above or designated by the District at any time before the departure date) from any liability for **personal injury** to **my child** or **damage to the property** of **my child or others** while in the course of my child participating in the above referenced trip or any activity incident thereto, unless such is caused by the intentional, willful misconduct of the District; and

3. To **indemnify and hold harmless** the Tredyffrin/Easttown School District and its agents, officers, representatives, directors, administrators, volunteers, and employees (in particular any District employee and/or chaperone identified above or designated by the District at any time before the departure date), against any and all claims, demands, causes of action, suits, or judgments, including expenses incurred in connection therewith, for personal injury to persons or loss or damage of/to property arising out of or in connection with my child's participation in the trip listed above, including any activity incident thereto.

Intending to be legally bound, I agree to the terms and conditions set forth in Section I (Parent/Guardian Permission Form), Section II (Medical Authorization) and Section III (Release and Indemnity Agreement) above.

If your child currently resides with both parents, this document must be signed by both parents.

If your child is over the age of eighteen (18) years, they must also sign below.

Signature Page Follows

Witness: _____ Signed: _____
(Parent)

Print:

Date:

Tredyffrin/Easttown School District

Witness: _____

Signed: _____
(Parent)

Print:

Date:

Witness: _____

Signed: _____
(Guardian, if applicable)

Print:

Date:

Witness: _____

Signed: _____
(Child/Age 18+ Only)

Print:

Date: