

**PARENT APPROVAL FOR STUDENT OVERNIGHT/EXTENDED TRIP OR ACTIVITY**

**TOOELE COUNTY SCHOOL DISTRICT**

**TO BE COMPLETED BY ADVISOR:**

School:	Group Requesting Trip:
Advisor/Coach/Teacher in Charge of Trip:	
Date(s) of Activity:	Destination of Activity:
Date and Time of Departure:	Date and Time of Return:
Hotel Accommodations:	Cost of Activity:
Conducting Fundraiser to Pay for Trip: Yes      No	Anticipated Number of Students Attending: Boys      Girls
Anticipated Number of Chaperones: _____ <i>(Ratio of 1 chaperone per 10 students. Chaperones must be of the same gender of students supervised)</i>	
Cost of Chaperones Paid By:      Self      Di School Funds      District Funds      Other(Explain)	

**DISTRICT-PARENT APPROVAL:**

**(60% Approval vote for trip to be approved)**

Print Student's Name:	
Parent/Guardian's Name:	
<b>Parent Vote of Approval:</b> _____ I understand all information and forms included in this packet. <b>I am supportive of the proposed activity</b> and give permission for the below named student to participate in this activity. _____ I have read all information and forms included in this packet. <b>I am not supportive of the proposed activity</b> and <b>do not</b> give permission for the below named student to participate in this activity.	
<b>CONSENT TO PARTICIPATE:</b> <i>I give my consent for the above named student to participate in this proposed activity. I agree that if this student is involved in any use of tobacco, drinking of alcohol, abuse/use of drugs, illegal activities, or any serious misbehavior, he/she will be sent home on the next available transport. I agree that I will be financially responsible for all costs accrued for this return trip of the student and sponsor if necessary. I will reimburse the Tooele County School District the full amount due within 10 days of this action. I understand that the sponsor will make every attempt possible to notify the parent(s) of this action if it is deemed necessary.</i> <i>If travel is suspended due to safety or other consideration beyond the control of any or all involved, the District, the Board of Education, school employees and agents shall have no obligation and shall be held harmless with respect to refund of any expenditures. Participants should not expect refunds for cancellations either individually or as a group.</i>	
Parent's Signature:	Date:    /    /
<b>STUDENT STATEMENT OF UNDERSTANDING:</b> <i>As the student, I understand that I will follow the school's policies and procedures during the entire activity. I understand the consequences if I do not follow the policies and procedures.</i>	
Student's Signature:	Date:    /    /

