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# Exhibit A—Request for Trip Approval

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of request: |  | | | | | | | |
| Date/time of departure: | | |  | | | | | a.m. or p.m. *(circle one)* |
| Date/time of return: | |  | | | | | | a.m. or p.m. *(circle one)* |
| Destination of trip: | |  | | | | | | |
| Purpose of trip, i.e., event to be attended, instructional value of the trip: | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Estimate of any permissible fees associated with the trip: | | | |  | | | | |
| District employee sponsor and organization: | | | | | | |  | |
| Number of students participating: | | | | |  | | | |
| Number of chaperones participating: | | | | | |  | | |

|  |  |
| --- | --- |
| Name of Chaperone | Criminal History Check Requested *(circle one)* |
|  | Yes  No |
|  | Yes  No |
|  | Yes  No |

|  |  |
| --- | --- |
| Signature of District employee sponsor: |  |

***For Office Use Only***

**School-sponsored trip:**

* Approved
* Denied

Reason, if denied:

|  |
| --- |
|  |

**Chaperone approval or denial:**

|  |  |  |
| --- | --- | --- |
| Name of Chaperone | Criminal History Check Completed *(circle one)* | Decision *(circle one)* |
|  | Yes  No | Approved  Denied |
|  | Yes  No | Approved  Denied |
|  | Yes  No | Approved  Denied |

|  |  |  |
| --- | --- | --- |
| Principal’s signature: | |  |
| Date: |  | |

# Exhibit B—Acknowledgment of Responsibility and Permission for Student Participation in School-Sponsored Trip

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(parent)*, agree to allow my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(student’s name),* to travel with a group or individual on the trip(s) sponsored by the District as indicated below. I understand this is a trip that is not required as part of any of the District’s basic educational programs or courses. I understand that while student safety is a high priority for the District, under state law, the school is not responsible for medical, dental, or other costs associated with a student injury.

I expressly waive all claims for medical, dental, or other expenses, loss of services, or other claims, and I agree to indemnify and hold harmless the District, its Board members, employees, and agents from all claims made against it or them on behalf of my child.

I agree to indemnify and hold harmless the District, its Board members, employees, and agents from all claims made by third parties against it or them which result from my child’s actions on the trip.

I understand that the District, its Board members, employees, and agents are not waiving any sovereign or governmental immunity which it or they have under law.

I have read and understand this release and sign it voluntarily and with full knowledge of its significance.

This release applies to the following trips:

|  |  |  |
| --- | --- | --- |
| **Group** | **Place** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Parent’s signature: | |  |
| Date: |  | |

Please check below if you would like to be contacted about being a chaperone for this trip.

* Yes, please contact me

# Exhibit C—School-Sponsored Trip Transportation Request

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| District employee sponsor and organization: | | | | | | | | |  | |
| Number of students participating: | | | | |  | | | | | |
| Number of chaperones participating: | | | | | | |  | | | |
| Destination of trip: | |  | | | | | | | | |
| Date/time of departure: | | | |  | | | | | | a.m. or p.m. *(circle one)* |
| Date/time of return: | | |  | | | | | | | a.m. or p.m. *(circle one)* |
| Method of transportation requested: | | | | | |  | | | | |
| Signature of District employee sponsor: | | | | | | | |  | | |
| Date: |  | | | | | | | | | |

***For Office Use Only***

* Approved
* Denied

Reason, if denied:

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Principal’s signature: | |  |
| Date: |  | |

***To Be Used by the Transportation Department***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Bus assigned: | | |  | | | |
| Driver assigned: | | | |  | | |
| Rate/hour: | |  | | | | |
| Beginning odometer reading: | | | | | |  |
| Ending odometer reading: | | | | |  | |
| Total mileage: | | |  | | | |
| Remarks: |  | | | | | |
|  | | | | | | |

# Exhibit D—Consent for Alternate Means of Travel for School Trip

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(student’s name)*, needs to go to and/or return from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(destination of trip)* with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(adult driver’s name)* by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(car, bus, other)* at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(departure time)*.

The reason for this alternate method of travel is:

|  |
| --- |
|  |
|  |

I hereby release and hold harmless the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District, its Board members, employees, and agents from any and all liability in connection with this alternate method of travel for this school trip.

|  |  |  |
| --- | --- | --- |
| Parent’s signature: | |  |
| Date: |  | |

|  |  |  |
| --- | --- | --- |
| Principal’s signature: | |  |
| Date: |  | |

# Exhibit E—Transportation Release for Off-Campus Class or Activity

Transportation to optional, off-campus activities and courses is the responsibility of the parent and student except as otherwise required by law. This form must be signed and returned to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*name or position)* before the student will be allowed to travel to the off-campus program.

*(Please print.)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Student’s name: | |  | | | | |
| Current grade level: | | | |  | | |
| Campus: |  | | | | | |
| Activity or course: | | |  | | | |
| Location of activity or course: | | | | |  | |
| Dates/times of activity or course: | | | | | |  |

**Parent release for transportation:**

I authorize my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*student’s name),* to use the following type(s) of transportation to and from the activity listed above:

(*Check all that apply.)*

* My child will use public transportation.
* My child has a valid Texas driver’s license and may drive in a personal vehicle.
* I will provide transportation for my child.
* Other (please describe):

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Parent’s signature: | |  |
| Date: |  | |

**Parent permission for child to transport another student:**

A student will not be allowed to ride with another student in a personal vehicle unless authorized to do so by the parent of the student driver and the student passenger. If you authorize your child to ride with another student, please indicate the name of the student under “other” above.

If you authorize your child to provide transportation in a personal vehicle to another student, please check the box below and indicate the authorized student’s name:

* My child has a valid Texas driver’s license and may drive himself/herself in his/her personal vehicle and may provide transportation to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(student’s name)* with permission of this student’s parent.

I understand and agree that transportation for my child to and from the optional, off-campus activity or course described above is solely my responsibility.

I understand that the District is not responsible for accidents or injuries that occur to students riding in vehicles that are not provided by the District.

|  |  |  |
| --- | --- | --- |
| Parent’s signature: | |  |
| Date: |  | |