

Tennessee Explorers - Field Trip Expectations Contract

I, _____ (**print parent/guardian name**), understand that my child must abide by the following guidelines in order to participate in each semester field trip(s). I understand that if these guidelines are broken at any time, my child will be released from the field trip (**nonrefundable** fee) and will remain at school to complete an assignment related to the standards that will be covered during the trip.

These are the following criteria that will exclude your child from the field trip(s):

In the semester of the trip:

- Any school suspension or office referral
- More than 3 unexcused absences
- More than 5 excused absences (flexible depending on the case)
- More than 2 demerits in the demerit log
- Failing any classes on report card/Powerschool at the time of the trip
- Missing any assignments at the time of the trip

Parent/Guardian Signature

Date

I, _____ (**print student name**), understand that I must abide by the following guidelines in order to participate in each semester field trip(s). I understand that if these guidelines are broken at any time, I will be immediately released from the field trip and will remain at school to complete an assignment related to the trip.

These are the following guidelines that will allow me to go on the field trip(s):

In the semester of the trip:

- I have not been sent to ISS for any behavior issues
- I have 3 or less unexcused absences
- I have 5 or less excused absences (flexible depending on the case)
- I have 2 or less demerits from any teachers
- I have higher than a 60 grade average in all my classes
- I do not have any missing assignments in Powerschool

Student Signature

Date

Parent/Guardian Consent Form

- I give my permission for my child to participate in this supervised field trip.
- I agree that I have been informed of all details of the trip & have an itinerary of all activities.
- I understand that if the behavior contract, which has been signed by myself and my child, is breached - my child will be released from the trip **WITHOUT A REFUND**.
- I understand that if my child has a behavior issue while on the trip, I am liable for any damages and will be expected to pick up my child at any point necessary.
- I agree to pay to cover transportation, meals, and all activities my child will experience in the **nonrefundable** field trip fee.

Parent Signature

Date of Signature

Emergency Contact Information

Student Name

Student Birthday

Parent/Guardian Name

Parent/Guardian Primary Phone Number

Emergency Contact #2 Name

Emergency Contact #2 Phone Number

Student Primary Care Physician Name

Student Primary Care Physician Number

Dietary concerns: _____

Known allergies: _____

Medications to be administered while on the trip (must be turned into the school nurse prior to leaving):
