

Mark R. Isfeld Secondary
TEAM TRAVEL CONSENT FORM

School Team	Date
Supervising Adult / Coach (s)	Contact Information
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Code of Conduct for School Travel

- Students shall:
- 1. Treat ALL others, students and adults with respect.
 - 2. Exercise self-control at all times.
 - 3. Respect the decisions of teachers, chaperones and officials without gesture or argument.
 - 4. Show that it is a privilege to represent the school and community
 - 5. Recognize, and applaud honestly and wholeheartedly, the efforts of others.
 - 6. Abide by all school rules (see School Board’s Drug & Alcohol policy is in effect on all trips).
 - 7. Ride to and from the destination in school transportation, unless special arrangements have been made with the teacher in charge and school administration.
 - 8. Be personally responsible for all school equipment and uniforms, and return them in good condition when required.
 - 9. Be courteous and respectful towards all teachers and/or chaperones. Remember that they are volunteering their time for this activity.

Activities

1. Destination and nature of activity

Departure

month/day/year

time

Return

month/day/year

time

2. Destination and nature of activity

Departure

month/day/year

time

Return

month/day/year

time

3. Destination and nature of activity

Departure

month/day/year

time

Return

month/day/year

time

4. Destination and nature of activity

Departure

month/day/year

time

Return

month/day/year

time

5. Destination and nature of activity

Departure

month/day/year

time

Return

month/day/year

time

6. Destination and nature of activity

Departure

month/day/year

time

Return

month/day/year

time

Transportation (Please be aware that private vehicles and rental vans may not meet the same safety standards as school buses.)

☐ Private vehicle

☐ School bus

☐ Other (please specify)

Costs associated with activity and/or season
All cheques are to be made payable to Mark R. Isfeld Secondary School.

CONSENT

Student's Name (Please PRINT) _____

YES

- ☐ I have reviewed the “Code of Conduct for School Travel” (see above) with my child.
- ☐ I feel that I have received sufficient information from the school and hereby consent to my child taking part in this/these activity (s).
- ☐ The **medical care card number** for the above mentioned student is: _____

Signature of parent/guardian

Date

Optional:

☐ YES ☐ NO The above-named student will carry a piece of personal identification on this field trip.

Please return this form to your child's school as soon as possible. Forms must be on file with the school in order to participate.