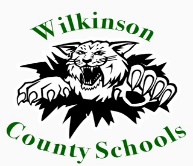
 WILKINSON COUNTY SCHOOL DISTRICT

|  |  |  |
| --- | --- | --- |
| Athletic Out-of-State TRIP CHECKLIST- REQUIRED ATTACHMENTS | | |
| Athletic Out-of-State Trip Request Form | Completed Athletic Out-of-State Trip Request  Must be signed by the principal and the executive director | |
| Chaperone Statement Acknowledging  Responsibilities & Duties | Chaperone count must uphold the 10:1 Student to Chaperone Ratio  The form is to be completed by both faculty and non-staff volunteers serving as chaperones  Review forms to ensure that the chaperone type and chaperone's cell number is provided  Chaperone forms must coincide with the count of faculty and non-staff chaperone volunteers provided on the FTP form (Revision will be accepted, additional forms must be submitted two instructional days prior to trip date | |
| Fundraiser Permission and Financial Recap Form | Applicable, if funds are being raised for FTP | |
| Transportation | Charter Bus/Van  Rental | District Transportation |
| Other Transportation | Submit a copy of bus request |
| Parent-Provided | Copy of Driver's License &  Insurance Card |
| Itinerary | Schedule of activities | |
| List of Student Names & Emergency Contact  Numbers | Student list must coincide with the student count of the FTP (Revisions will be accepted, revised student list must be submitted two instructional days prior to trip date) | |
| Night Shift Schedule | Applicable for Overnight Field Trips | |
| Parent/Guardian Approval Release Forms | Provide a copy of one English/Spanish form completed in its entirety (Must have parent signature) | |
| Parent Meeting    (Mandatory for overnight In-County/Out-of-County, Out-of-State, or Out-of-Country athletic trips) | Sign-in Sheets Agenda | |

 ***WILKINSON COUNTY SCHOOL DISTRICT***

***ATHLETIC OUT-OF-STATE TRIP REQUEST***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SCHOOL: |  | | | | | | Coach: | | |  | |
| DESTINATION INFORMATION | | | | | | | | | | | |
| Destination: | | | | | Physical Address: | | | | | | |
| Departure (Date/Time): | | | | | | | | Return (Date/Time): | | | |
| GROUP TRAVELING | | | | | | | | | | | |
| Student Group ( i.e. Student Council, Choir. etc. | | | | | |  | | | | | |
| Number of Students:  (Count must Coincide w/Student List) | | | | | Grade(s): | | | Number of Faculty: | | | Number of Non-Staff: |
| **LEARNING EXPECTATION** | | | | | | | | | | | |
| Athletic Purpose: | | | | | | | | | | | |
| **TRIP SPONSOR** | | | | | | | | | | | |
| First & Last Name | | | | | | | | | Cell Phone: | | |
| **OVERNIGHT ACCOMMODATIONS (if applicable)** | | | | | | | | | | | |
| Hotel Name: | | | Physical Address: | | | | | | ZIP: | | Phone Number: |
| **FUNDING SOURCE** | | | | | | | | | | | |
| Activity Fund | | Student Fees | | | | | Grant | | | | Other |
| **TRIP TOTAL** | | **FUNDRAISERS** | | | | | **SCHOOL PAYMENT PLAN** | | | | **STUDENT PAYMENT PLAN** |
| $ | | Type & Dates: | | | | | Amounts & Dates: | | | | Amounts & Dates: |
| **TRANSPORTATION & FOOD** | | | | | | | | | | | |
| □ Chartered Bus/Common Carrier  Number of Buses | | | □ District  Number of Buses | | | | | □ Van  Number | | | □ Other |
| Cafeteria Notified | | Yes or No | | | | | Arrangement for "Bag" Lunch/Refreshments Other | | | | |
| **UNIQUE POTENTIAL HAZARDS EMERGENCY PLAN** | | | | | | | | | | | |
| 1. Plan with the school nurse 3. Contact School 5. Notify parent/guardian  2. Call 911 4. Render first aid for minor emergencies 6. Provide written notice upon return | | | | | | | | | | | |
| Name of Nearest Medical Facility: | | | | Physical Address: | | | | | | | Phone#: |
| **REQUIRED SIGNATURES** | | | | | | | | | | | |
| Athletic Sponsor | | |  | | | | | | | | Date: |
| Principal Approval | | |  | | | | | | | | Date: |
| Program Supervisor Approval | | |  | | | | | | | | Date |
|  | | | | | | | | | | | |
| Superintendent Approval | | |  | | | | | | | |  |

# **WILKINSON COUNTY SCHOOL DISTRICT**

**CHAPERONE STATEMENT ACKNOWLEDGING RESPONSIBILITIES AND DUTIES**

Staff  Non-Staff



will chaperone for

(Print Full Name)

to

## (Campus Name)

on

(Athletic Trip Destination/Group Traveling)

(Athletic Trip Day/Dates)

## **CHAPERONE DUTIES AND RESPONSIBILITIES**

Chaperones must

1. District employees; or

2. Any other adult approved by the principal and sponsor of the field trip who meets the eligibility requirements to volunteer in the District before the trip is scheduled for departure, may include a criminal background check.

The primary reason for the chaperones is to supervise a group of students. Chaperones are responsible for students and are expected to stay with their assigned group and monitor their behavior for the entire field trip from departure time until they return to school.

Chaperones are responsible for enforcing the Student Code of Conduct and other relevant District policies. The chaperones are additionally responsible for executing the submitted approved plan for student supervision for the entire field trip from the time of departure until the scheduled conclusion of the trip.

Chaperones must adhere to established basic guidelines for District-sponsored functions and additional guidelines as may be developed by the individual school. Chaperones are responsible for attending any designated information or procedural meeting prior to and during the field trip as required by the school principal, sponsor, or designee.

Chaperones must sign a form acknowledging their responsibilities as chaperones and must not be allowed to smoke, use tobacco products of any type, consume alcoholic beverages or illegal drugs, or be involved in any illegal or immoral activity during the trip.

The ratio of students to chaperones will be no greater than ten to one.

, have read and understand all the responsibilities and duties of a chaperone. I accept these responsibilities without waiving any applicable immunity that may exist under the laws of the State of Mississippi or the United States.

Signature Date Chaperone Cell Phone Number

Witness (Principal, Sponsor, and/or designee) Date

Wilkinson County School District does not discriminate on the basis of race. religion. color' national origin, sex, or disability providing education services. activities, and programs, including vocational programs, in accordance With Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972 Section 504 of the Rehabilitation Act of 1973, as amended,

# **Wilkinson County School District**

# **Child Nutrition Department**

### SPECIAL FUNCTION AND BAG LUNCH REQUEST FORM

\*\*\*\***NOTICE: Due in Food Service Office three weeks before Function\*\*\*\***

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number to Prepare For\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Menu** | **Cost** | **Menu** | **Cost** |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |

**Fund #\_\_\_\_\_\_\_\_\_\_\_\_ Function #\_\_\_\_\_\_\_\_\_\_\_ Object#\_\_\_\_\_\_\_\_\_\_ P.O. #\_\_\_\_\_\_\_\_**

**\*Required for Special Functions, only. (This must be filled in before we approve the Special Function.)**

**If we supply the following, it will be an additional $.50 per plate.**

**Circle if Needed: Plates Napkins Dessert Plates Forks Spoons Knives**

**How Many: Table Cloths ($3.50 each) \_\_\_\_\_\_\_\_\_ Table Skirts ($6.50 each) \_\_\_\_\_\_\_\_\_\_\_**

**Total Cost of Function: $**

**Signature of Person Requesting Function Phone # Date of Signature**

**Signature of Principal/Director Phone # Date of Signature**

**Signature of Food Services Director Date of Signature**

**Signature of Business Office Date of Signature**

**Signature of Superintendent Date of Signature**

**There must be a signature of the Superintendent for this event to be accepted regardless if it is for a Special Function or Bag Lunches.**

All athletes and parents must sign Consent Forms, and a copy must be kept with the Coach(es) at all times when traveling to and from competitions. If a student does not return with the team and instead travels with a parent/guardian, the coach must ensure that a signed document or form is completed and that the parent/guardian understands that the school district is not liable for anything that occurs after the student-athlete leaves the coach's supervision.