



BOISE PUBLIC SCHOOLS TRAVEL REGULATIONS AND CONSENT FORM

I, _____, agree to the following regulations and rules of conduct to travel with a Boise Public Schools organization. I understand that if I violate one or more of these rules, my parents/guardian will be notified and I will be sent home at my own expense.

1. I agree to use good judgment and discretion in my conduct and in representing my school and the Boise Public Schools.
2. I agree to be prepared and responsive to my teachers and/or guest teachers and to accord them all courtesies.
3. I agree to use no drugs, narcotics or other controlled substances of any kind unless prescribed by a physician and cleared by the sponsor in charge.
4. I agree to follow the Boise School District's Drug, Alcohol and Tobacco Use Policy (#3233).
5. I understand that Federal, State and Boise City laws, and Boise School District policies, require that all students be given equal educational opportunities in classrooms, programs, and activities, and must be free from discrimination on the basis of race, color, religion or creed, national origin or ancestry, sex, age, physical or mental disability, veteran status, political beliefs, sexual orientation/identity, marital or family status, socioeconomic background, and/or citizenship status. In accordance with law and policy, all students are entitled to have equal access to educational programs, restrooms, locker rooms, and changing facilities. Any student who has a need or desire for increased privacy, regardless of the underlying reason, will be provided with a reasonable alternative through the counselor, nurse or a trusted adult. Any alternative arrangement should be provided in a way that protects the student's privacy and safety for all students.

School and Organization

Instructor's Name

Student's Signature

Date

Student's Telephone Number

Home Address & Zip Code

I have read these regulations and hereby give permission for my student to travel with the Boise Public Schools as a representative of _____ School.

I also give my consent for my student to be treated for any illness or accident that might occur while on this trip and absolve Boise Public Schools of any liability.

My student is currently taking the following medication:

My insurance policy number is

_____ Number	_____ Company
_____ Parent/Guardian Signature	_____ Date

Parent's Home Phone Number

Parent's Work Phone Number

School Year

Destination(s)

Note: Any student not returning on district-sponsored transportation must have prior permission in writing from Parents/Guardian. The adult sponsor and your student's teacher (if different) must have knowledge of this arrangement before leaving Boise and contact must be made by the Parent/Guardian with the trip sponsor before the return trip. We cannot make exceptions to this requirement.

Return to your student's teacher or district personnel.