

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 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
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of District employee sponsor: _____

Signature of Principal: _____

Signature of Superintendent: _____

For Office Use Only

School-sponsored trip:

Approved

Denied

Reason, if denied:

Chaperone approval or denial:

Name of Chaperone	Criminal History Check Completed	Decision
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied

[Include signature lines for other administrators or the Board President in accordance with District practice.]

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 indi-
vidual on the trip(s) sponsored by the District as indicated below. I understand that while stu-
dent safety is a high priority for the District, under state law, the school is not responsible for
medical costs associated with a student injury.

I expressly waive all claims for medical 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:

[Include signature lines for other administrators in accordance with District practice.]

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: _____

[Include signature lines for other administrators/sponsors in accordance with District practice.]

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 himself/herself in his/her personal vehicle.
- I will provide transportation for my child.
- Other (*please describe*): _____

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 his or her 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.

STUDENT ACTIVITIES
TRAVEL

FMG
(EXHIBIT)

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: _____