

Washington D.C. (January 14 – January 19, 2018)
DISCIPLINE CONTRACT

Student's Name (PRINT ONLY) _____

Homeroom Teacher _____ Soc Stud Teacher _____

We understand that in order for my child to attend this trip, he/she must not have any of the following: outstanding balances, overdue/lost books, excessive (5 or more) unexcused absences, two or more Dean Referrals, or a Referral which results in out of school suspension. WE START KEEPING TRACK OF YOUR BEHAVIOR FROM THE BEGINNING OF THE YEAR!!!!!! We also understand that my child must be passing at least five classes at the time of the trip. Administration reserves the right to revoke field trip privileges and deny refunds (depending on field trip timeline). If it becomes necessary to cancel your child's trip due to the reasons above, you will be refunded all monies paid to the tour company as stated by the tour's company's refund schedule.

We understand that the safety and well being of all participants on the trip is affected by each individual's behavior. We further understand that any behavior on the trip that endangers the safety or well being of others will not be tolerated and can result in the student being sent home at the parent's expense. All St. Johns County school rules and any hotel or transportation carrier's rules will apply at all times.

We reserve the right to use Police Dogs in order to detect any drug paraphernalia that may be packed in suitcases before the trip begins.

STUDENT'S SIGNATURE: _____ Date _____

PARENT'S SIGNATURE: _____ Date _____

Chaperone Sign Up

_____ **YES! I would like to chaperone on this trip.**

I understand that I will be on duty as chaperone at all times during this trip. You may reach me at the phone numbers below. Email Address _____.

_____ I currently have a volunteer form on file.

_____ I am an RN.

Name of Chaperone

Relationship to Child

Home Phone Number

Cell/Work Number

