

STUDENT ACTIVITIES
TRAVEL

FMG
(EXHIBIT)

The forms on the following pages shall be used by the District for student travel:

- Exhibit A: Permission Form for Field Trips (English version) — 1 page
- Exhibit B: Permission Form for Field Trips (Spanish version) — 1 page
- Exhibit C: Permission Form for School Year Activities for a Specific Group (English version) — 1 page
- Exhibit D: Permission Form for School Year Activities for a Specific Group (Spanish version) — 1 page
- Exhibit E: Alternative Travel Release Form (English version) — 1 page
- Exhibit F: Alternative Travel Release Form (Spanish version) — 1 page
- Exhibit G: Overnight Trip Information Sheet (English version) — 3 pages



Parental Permission for Educational Trip

Trip Location/Name	Date(s) of Trip	School Name

I hereby grant permission for my child _____ to travel to and from the field trip listed above.

I understand that Corsicana ISD, its trustees, officers, and employees have immunity under Texas law, are not liable for any accident or injuries that may occur to the above-named student as a result of his/her participation in this field trip, except as specifically provided by state law. I understand that my student will be required to comply with all School District standards of conduct and rules for behavior while on the trip, and that failure to do so will result in disciplinary action and/or exclusion from participation in the activity.

I further hereby authorize a representative of the School District to consent to medical treatment of the above-named student in the event of an emergency on the trip.

I, the undersigned, have read this permission form and consent to medical treatment and understand all its terms.

Signature of Parent/Guardian Date

Medical Concerns:

Note: Student Medical/Emergency Information Card must be on file in the school office.

I **DO NOT** grant permission for my child to travel to and from the field trip listed above.

Signature of Parent/Guardian Date

Parent/Guardian Home Phone		Work Phone	
Emergency Contact Name		Relation to Student	
Emergency Contact Phone			

Corsicana ISD (CISD) does not discriminate on the basis of race, color, religion, national origin, gender, or disability in 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; and Section 504 of the Rehabilitation Act of 1973, as amended.

Questions or concerns about discrimination against students based on sex, including sexual harassment should be directed to the CISD Director of Human Resources, the district Title IX coordinator. Questions or concerns about discrimination on the basis of a disability should be directed to the CISD Transition Coordinator, the district ADA/Section 504 coordinator. All other questions or concerns relating to discrimination based on any other reasons should be directed to the Superintendent at the Lee Education Center 2200 W. 4th Ave Corsicana, TX 75110, phone (903) 874-7441.



Parental Permission for Educational Trip

Ubicación del viaje / Nombre	Fecha (s) de viaje	Nombre de escuela

Por la presente, doy permiso para que mi hijo _____ viaje hacia y desde la excursión mencionada anteriormente.

Entiendo que Corsicana ISD, sus fideicomisarios, oficiales y empleados tienen inmunidad bajo la ley de Texas, no son responsables por ningún accidente o lesión que pueda ocurrir al estudiante mencionado anteriormente como resultado de su participación en esta excursión, excepto como específicamente provisto por la ley estatal. Entiendo que se requerirá que mi estudiante cumpla con todas las normas de conducta y reglas de conducta del Distrito Escolar durante el viaje, y que si no lo hace resultará en una acción disciplinaria y / o exclusión de la participación en la actividad.

Además, autorizo a un representante del Distrito Escolar a dar su consentimiento para el tratamiento médico del estudiante mencionado anteriormente en caso de una emergencia en el viaje.

Yo, el abajo firmante, he leído este formulario de permiso y doy mi consentimiento para recibir tratamiento médico y entiendo todos sus términos.

Firma del padre / guardián	Fecha
Preocupaciones médicas:	

Nota: La tarjeta de información médica / de emergencia del estudiante debe estar archivada en la oficina de la escuela.

NO otorgo permiso para que mi hijo/hija viaje hacia y desde la excursión mencionada anteriormente.

Firma del padre / guardián	Fecha
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Teléfono de casa del padre / guardián		Teléfono del trabajo	
Nombre del contacto de emergencia		Relación con el estudiante	
Teléfono de contacto de emergencia			

El Distrito Escolar de Corsicana (CISD) no discrimina por motivos de raza, color, religión, nacionalidad, género, o discapacidad, cuando proveen servicios educativos, actividades y programas, incluyendo programas vocacionales, de conformidad con el título VI de la ley de Derechos Civiles de 1964, según enmienda; Título IX de las enmiendas educativas de 1972; y la sección 504 del Acta de Rehabilitación de 1973, según enmendada.

Preguntas o inquietudes acerca de la discriminación basada en el sexo, incluyendo el acoso sexual de estudiantes deben ser dirigidas al Director/a de recursos humanos, el/la Coordinador/a del título IX del Distrito CISD. Preguntas o inquietudes acerca de la discriminación en base a una discapacidad deben dirigirse a el/la Coordinador/a de transición de CISD, el/la Coordinador/a de ADA, sección 504 del distrito. Todas las demás preguntas o inquietudes relacionadas con la discriminación basada en otras razones deben hacerse al Superintendente en el Centro de Educación de Lee; 2200 W. 4th Ave. Corsicana, TX 75110, teléfono (903) 874-7441.

EXHIBIT C

(English Version)

CORSICANA INDEPENDENT SCHOOL DISTRICT
PERMISSION FOR MEMBERS OF STUDENT GROUPS
TO PARTICIPATE IN SCHOOL-SPONSORED TRIPS

Name of Group: _____

School Year of Group Activities: _____

I desire that my son/daughter be allowed to travel to and from the events attended by the group listed above during this school year and to participate in these events.

Printed Name of Parent/Guardian: _____

Signature of Parent or Legal Guardian: _____

Date: _____

Printed Name of Student: _____

Signature of Student: _____
(if 18 or more years of age)

Date: _____

Note: Student Medical/Emergency Information Card must be on file in the school office.

EXHIBIT D

(Spanish Version)

DISTRITO ESCOLAR INDEPENDIENTE DE CORSICANA
PERMISO PARA LOS MIEMBROS DE GRUPOS QUE PARTICIPAN
EN VIAJES PATROCINADOS POR LA ESCUELA

Nombre del Grupo: _____

Año Escolar en que ocurren las Actividades del Grupo: _____

Yo deseo que a mi hijo/hija se le permita hacer el viaje de ida y vuelta a los eventos enu-
merados por el grupo durante este curso escolar, y también participar en dicho evento.

Nombre [en letra de molde]: _____
del Padre o Guardián

Firma del Padre o Guardián Legal: _____

Fecha: _____

Nombre [en letra de molde]: _____
del Estudiante

Firma del Estudiante: _____
(si tiene 18 o más años de edad)

Fecha: _____

Nota: La tarjeta de emergencia médica debe estar archivada en la oficina de la escuela.

EXHIBIT E (English Version)

CORSICANA INDEPENDENT SCHOOL DISTRICT

Release of Liability for Student Participation in School-Sponsored Trip(s)
Via Alternative Transportation

Name of Activity: _____

Grade Level/Group Attending: _____

Date(s) of Activities — Departure: _____ Return: _____

Destination: _____ City: _____

TRAVEL RELEASE

I desire that my son/daughter be allowed to participate in the activities and travel to and from the activities of the group listed above. Although school transportation may be provided to and from the activities, I desire that my son/daughter be allowed to participate in and travel to and/or from the activities via an alternative mode of transportation. This alternative mode is strictly limited to travel to and/or from the activity with my son's/daughter's parent or legal guardian or by use of his or her personal legal driver's license. Students are not permitted to ride with other students unless they are siblings. Corsicana Independent School District will not allow any other alternative mode of transportation.

I fully understand and my son/daughter fully understands that transportation to and from the events attended by the group listed could create risk to the health or safety of my son/daughter. I, the undersigned, assume full and complete responsibility for any injury or accident that may occur to my son/daughter while traveling to or from the activities in transportation not provided by the District. In consideration of Corsicana Independent School District allowing my child to participate in the activities of the above-referenced group and other good and valuable consideration, the receipt of which is acknowledged, I hereby release and waive all claims that I or my son/daughter may have against the Corsicana Independent School District, its Board of Trustees, employees, agents, and representatives resulting, in whole or part, from my son/daughter traveling to and from the events attended by the group listed above while traveling in transportation not provided by the District. The release and waiver shall be binding on my heirs, legatees, administrators, and assigns.

Printed Name of Parent/Guardian: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Printed Name of Student: _____

Signature of Student: _____ Date: _____

Sponsor/Coach Signature: _____

Date Approved: _____

Note: Student Medical/Emergency Information Card must be on file in the school office.

EXHIBIT F (Spanish Version)

DISTRITO ESCOLAR INDEPENDIENTE DE CORSICANA

Liberación de Responsabilidad de Participación Estudiantil en Paseo(s) de Auspicio Escolar
Vía Transporte Alternativo

Nombre del Evento: _____

Grado/Grupo que asiste: _____

Fechas del Evento — Salida: _____ Regreso: _____

Destino: _____ Ciudad: _____

LIBERACIÓN DE RESPONSABILIDAD PARA VIAJES

Deseo que se le permita a mi hijo participar en las actividades y viajar de ida y vuelta a las actividades del grupo indicado anteriormente. Aunque posiblemente se proveerá transporte de ida y vuelta a las actividades, deseo que se le permita a mi hijo participar en, y viajar de ida y/o vuelta a las actividades en un modo alternativo de transporte. Este modo alternativo queda estrictamente limitada al transporte de ida y/o vuelta a la actividad con uno de los padres o el tutor legal de mi hijo/hija o con el uso de su licencia de manejo personal y legítimo. No se permite a los alumnos viajar con otros alumnos a menos que sean hermanos. El Distrito Escolar Independiente de Corsicana no permitirá ningún otro modo alternativo de transporte.

Yo entiendo completamente, y mi hijo/hija entiende completamente que el transporte de ida y vuelta a los eventos a que asiste el grupo arriba mencionado puede crear riesgos para la salud o la seguridad de mi hijo/hija. Yo, el abajo firmante, asumo completa responsabilidad por cualquier daño, perjuicio, o accidente que le pueda ocurrir a mi hijo/hija en su viaje de ida y vuelta usando un medio de transporte que no ha sido proporcionado por la escuela. En consideración de que el Distrito Escolar Independiente de Corsicana permite a mi hijo participar en las actividades del grupo anterior y demás contraprestaciones válidas y suficientes, de los cuales acuso recibo, libero y renuncio cualquier reclamo que pudiera tener yo o mi hijo contra el Distrito Escolar Independiente de Corsicana, su Mesa Directiva, empleados, agentes, y re-presentantes, que resulte en total o en parte, del transporte de mi hijo de ida y vuelta a los eventos asistidos por el grupo antemencionado, cuando viaja en transporte no proporcionado por el Distrito. La liberación o renuncia será vinculante para mis herederos, legatarios, administradores, y cesionarios.

Nombre [en letra de molde]: _____
del Padre o Tutor

Firma del Padre o Tutor Legal: _____ Fecha: _____

Nombre [en letra de molde]: _____
del Alumno

Firma del Alumno: _____ Fecha: _____

Firma de Patrocinador/Entrenador _____

Fecha Aprobada: _____

CORSICANA ISD
175903

STUDENT ACTIVITIES
TRAVEL

FMG
(EXHIBIT)

Nota: La tarjeta con la Información Médica de Emergencia deberá obrar en los archivos de la oficina escolar.

EXHIBIT G
(English Version)

OVERNIGHT TRIP INFORMATION SHEET
[Refer to Policy FMG(LOCAL) and FMG(EXHIBITS)]

GENERAL INFORMATION

School: _____

Organization: _____

Sponsor: _____

Date and Time of Departure from CISD: _____

Date and Time of Return to CISD: _____

Trip Destination: _____

No. of School Days to be Missed: _____ (**Detailed itinerary must be attached**)

No. of Students Participating: _____ No. of Parent Chaperones: _____

No. of School Sponsors: _____

Mode of Transportation (check all that apply): School Owned Commercial/Chartered
 Bus Van Air Other: _____

Are trip arrangements being made exclusively through the District-approved vendor?

Yes No

If no, list company(ies) making trip arrangements: _____

_____ Certificate of Insurance, valid through date of travel, **must be attached**

COST

Was this trip included in the District's budget? Yes No (If no, a District-approved vendor **must** be used)

Item	Total Cost	
Ground transportation		
Airfare		
Hotel		
Meals		
Entry fees		
Other (specify)		

		Number of Students	Total / Student — Per Student Cost
Trip Total:			

Are there any out-of-pocket expenses for students? Yes No If so, please itemize:

If the trip was not included in the District's budget, explain in detail how and by whom funds will be raised. *Note: All trips must receive approval in advance of fund-raising activities.*

TRIP JUSTIFICATION

Purpose of this trip: _____

How does this trip reinforce the curriculum of your course?

Please describe the organization sponsoring this event.

How was this organization selected to participate?

Open Enrollment By Invitation By Audition Other (explain):

Please list the qualifications of the adjudication panel, if applicable.

Does this trip meet all guidelines with regard to costs and frequency? Yes No

If not, indicate why:

CLEARANCES

Asst. Supt. for Business and Finance certifies that attached Certificates of Insurance
___ meet all applicable guidelines; ___ do not meet all applicable guidelines.

Signature _____ Date: _____

Exec. Dir. for Curriculum and Instruction certifies that this trip

_____ meets all applicable curricular guidelines _____ does not meet all applicable curricular guidelines.

Signature _____ Date: _____

APPROVALS

_____ Approved _____ Disapproved Date: _____

Principal Signature: _____

_____ Approved _____ Disapproved Date: _____

Superintendent or Designee Signature: _____