

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



EXHIBIT A  
(English version)

CORSICANA INDEPENDENT SCHOOL DISTRICT  
PERMISSION FOR STUDENT TO PARTICIPATE IN SCHOOL-SPONSORED TRIP

Name of Event: \_\_\_\_\_

Date(s) of Event — Departure: \_\_\_\_\_ Return: \_\_\_\_\_

Destination: \_\_\_\_\_

I desire that my son/daughter be allowed to travel to and from the event listed above and to participate in this event.

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 B

(Spanish Version)

DISTRITO ESCOLAR INDEPENDIENTE DE CORSICANA  
PERMISO PARA PARTICIPACIÓN DE ESTUDIANTES EN VIAJES PATROCINADOS POR  
LA ESCUELA

Nombre del Evento: \_\_\_\_\_

Fecha(s) del Evento—Salida: \_\_\_\_\_ Regreso: \_\_\_\_\_

Destino: \_\_\_\_\_

Yo deseo que a mi hijo/hija se le permita hacer el viaje de ida y vuelta a los eventos enu-  
merados arriba, y 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 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: \_\_\_\_\_