

Last name, First Initial: _____

CHAPERONE LETTER OF UNDERSTANDING
West Glacier Elementary SD #8

I understand that as a chaperone for the West Glacier School District I must adhere to the following rules:

1. I shall not use tobacco products in the presence of students;
2. I shall not consume any alcoholic beverages nor use any illicit drugs during the duration of my assignment as a chaperone, or be under the influence of said substance during the duration of my assignment as chaperone, including during the hours following the end of the day's activities for students;
3. I will not encourage or allow students to participate in any activity that is in violation of district policy during the field trip or excursion, including during the hours following the end of the day's activities.

I understand that should I have been found to have violated these rules, I will not be used again as a chaperone for any District-sponsored field trips or excursions and may be excluded from using District-sponsored transportation for the remainder of the field trip or excursion and that I will be responsible for my own transportation back home in accordance with policy #5430.

I also understand that, if found to have violated these rules, I may be subject to disciplinary action.

Signature of Chaperone

Date

Printed Name: _____

Phone Number: _____ Email: _____

Relationship to School: _____