Roanoke Rapids Graded School District
Overnight Field Trip Permission Form

Please sign and return this page to the teacher/s responsible for the trip. Use blue or black ink.

I ______________________________ understand and agree to the following rules for the overnight field trip to ______________________________ on ____________________________ .
 (place)      (dates)

1. No student shall possess, use, transmit, conspire to transmit, or be under the influence of an illegal drug, other controlled substances, alcohol, any other intoxicating beverage, or any counterfeit drug or intoxicants of any kind. Possession, use or being under the influence of any substance prohibited under this policy will result in the immediate return of the student to Roanoke Rapids with a chaperone.

2. Parents and students are responsible for any extra costs associated with the return of the student and the chaperone to Roanoke Rapids, North Carolina.

3. If a student breaks any rule that requires them to be sent home, the parents are required to come to the airport or other designated place to pick them up immediately, regardless of the time.

4. Any student sent home forfeits the right to participate in overnight field trips in the future.

5. Any student sent home must reimburse the school sponsor for any money that was used to pay their way through school fundraisers.

6. Students shall follow all rules set forth by the current edition of the RRGSD Policies and Regulations Handbook while away. Students shall be held responsible for all disciplinary infractions upon return.

7. Students will stay with chaperones at all times unless they are assigned to group meetings or activities approved by the trip sponsoring agency.

8. Students are never to leave the group in airports, train stations or in other areas not approved.

9. Students will obey all directives given by chaperones.

Student signature ________________________ Parent signature _______________________

Home phone # ___________________________ Cell phone # ___________________________

Teacher signature ________________________ Principal signature _______________________

If parents cannot be reached, please give emergency contact information below.

Name ___________________________ Relationship ____________________ Emergency # _________
 (Please print) (relative, friend, neighbor)