Overnight Field Trip Behavioral Contract



Student/s:				
Throughout the time pe	riod of	d of, I understand that I am a representative of not only		
		ley Unified School District (P		
field trip rules apply and	d that in the event I	violate any USA laws or school	ol policy, I will be sent home.	
For example, if it is rep	orted to any of my	chaperones or if I am caught:		
 Drinking Alcoho 	ol/Drunk and/or Sm	oking		
 Under the influe 	ence of any illegal d	rug		
 In the possession 	n of cigarettes, alcol	nol, or other substances that are	e illegal for students to possess	
 Behaving in a w 	ay that causes any p	person to feel violated, attacked	l, threatened, or uncomfortable	
beyond reason				
 Physically attacl 	king, violating or th	reatening any person		
By signing this I fully u	nderstand what is e	xpected of me on this trip and	will comply with the	
		bey the USA laws and school p	* *	
*		fense I have committed there c	•	
C:	Doing 1.	Data		
Siglied.	FIIIIœu.	Date	·	
	Stude	nt Contact Information		
Student Name:		Student ID#		
Parent Name:		Home Phone:		
Students Cell Phone:		Parent Cell Phone:		
(0	Optional)	Parent Cell Phone:		
Parent/Guardian:				
	is my full understan	ding that in the event my child	charge should violate any of	
	•	y of PVUSD I will cover any c	•	
behavior of my child/ch	arge to the injured	party (if applicable).		
		TTG 1 1 0 11 1 1		
-	_	USA laws or the field trip poli	•	
there could be further co			erity of the offense committed	

	-	the best interest of my child/ch	•	
•	1 0	trip. I release them of any liab rwise harmed while on the fiel	•	
Signed:	Printed:	Date	q.	