

Student Conduct Agreement

You will be attending a T.U.H.S.D. and local school function; therefore, any school rules broken will be treated as if you were at school. District and school policies will be enforced.

Your directors and the administration will deal with any infraction of the rules. If a crime is committed (i.e., theft, alcohol, drugs), your directors will immediately contact the local police and school administration.

CURFEW: When curfew is set, you are not to leave your room for any reason for any amount of time. All curfew times will be announced when you arrive at the hotel. Doors are not to be propped open after curfew. In addition, no one should be coming to your room after curfew. There will be no take-out orders after curfew for any reason. Be sure to check the peephole or side windows at all times before opening the door to anyone, especially if you are alone in your room.

HOTEL: Keep noise levels down in the halls, lobby etc., as there are other paying guests. There should be no running in the halls and no loud noises coming from your rooms.

SMOKING: Smoking is not allowed at any time on the trip. Do not bring cigarettes. If cigarettes are found (even an unopened pack), they will be confiscated and destroyed. If caught smoking, you will be referred to the administration and sent home.

DRINKING/DRUGS: If you have anything to do with alcohol or drugs while you are on this trip, the incident will be reported to local authorities, and investigated. In addition, you will be sent home at your own expense. Upon returning home you will face the disciplinary action prescribed in our Selected Student Policies and Regulations Handbook.

I HAVE READ THE CONDUCT FORM ABOVE AND OUR SCHOOL'S TRIP ITINERARY (included). BY SIGNING BELOW I UNDERSTAND ALL OF THE RULES AND WILL ABIDE BY THEM. IF I CHOOSE NOT TO ABIDE BY THE RULES, I MAY BE SENT HOME AT MY OWN EXPENSE AND FACE DISCIPLINARY ACTIONS WHICH COULD RESULT IN THE LOSS OF CREDIT FOR THE COURSE, SUSPENSION AND/OR EXPULSION.



TEMPE UNION HIGH SCHOOL DISTRICT STUDENT TRAVEL PARENT/GUARDIAN PERMISSION FORM

Site: CA CDS DV MDN I	MHS MP THS
Trip Date(s): Group Traveling	:
School Sponsor Name: Phone/Email:_	
Trip Location:	
Purpose of travel/activity:	
Departure date and time from campus:	
Return date and time from campus:	
School Transportation (circle one): School Bus Van	Walking Other (specify):
Please return this Permission Form to the school no later than _	(Date)
STUDENT I acknowledge receipt and agreement to the Student Conduct Agr	reement (Student signature)
PARENT My signature below gives permission for my child,	, to participate in the
(print student's the Student travel/activity described above as well as acknowledged)	s first and last name) ges receipt of the Student Conduct Agreement.
If applicable, please read and complete the Medical Emergency In	formation form.
Parent/Guardian Permission Signature	Date
Parent/Guardian Permission Print Name	