



Chaperone Information and Responsibilities

Chaperone Name: _____ Class _____

Field trip destination: _____ FT Date : _____

Address: _____

Place of departure: _____ Scheduled departure time: _____

Place of return: _____ Scheduled return time: _____

Cell phone number: _____ Lunch/snack plan: _____

Teacher's Name: _____ Cell phone number: _____

Field Trip Coordinator: _____ Cell phone number: _____

List all ACA students riding in the vehicle and a parent's contact number.

Student	Parent	Contact number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please read and initial the following statements:

I understand that chaperones have a responsibility to encourage and enforce ACA appropriate behavior of students at all times during a field trip. (This includes travel time in a car.) _____

I agree to correct any ACA student as needed. _____

I will endeavor to steer conversations towards wholesome topics and discourage unwholesome chatter. _____

I agree to report any issues of concern with student behavior to the supervising teacher and/or ACA administrators. _____

Thank you for your valuable oversight for our students' safety and supervision. Please print and sign your name below.

Printed name

Signature