Franklin Towne Charter School

Board of Trustees Policy

<u>Transportation and Travel Policy</u>

It is the policy of the Board of Trustees that in the event that the school makes transportation available for students to extra-curricular or co-curricular activities, that students be given the form that appears below and that such form be completed prior to travel.

It is further the policy of the Board of Trustees that employees not be permitted to drive students or otherwise transport students in personal vehicles.

The School's Code of Conduct for students and all Board policies regarding the behavior of students and staff remain in effect during the transportation of students

TO THE EXTENT THAT ANYTHING IN THIS POLICY COULD BE CONSTRUED TO CONFLICT WITH APPLICABLE STATE AND/OR FEDERAL LAWS, THE APPLICABLE STATE AND/OR FEDERAL LAWS CONTROL.

ADOPTED this	day of	, 2008
President		
Secretary		

TRANSPORTATION AND TRAVEL PERMISSION FORM

The purpose of this form is to inform you that students at the Charter School may be involved in co-curricular and/or extra-curricular programs, which require travel. Each student who participates in extra-curricular and/or co-curricular activities and his/her parent or guardian must sign this form and return it to the Charter School.

Cell Phone:

Student Name:

Students may, from time to time, be involved programs, which may require travel.	l in co-curricular or extra-curricular	
When the school provides transportation, the student will be required to use the ransportation unless the student and the student's parent or guardian have completed ransportation release and the coach or sponsor of the program approves.		
When the Charter School provides transpostate laws and regulations and school policies.	ortation, it will be regulated by	
I acknowledge that the rules and regulations of the Charter School Code of Conductare applicable and enforceable during travel to and from extra-curricular activities.		
I authorize the employees, representatives at obtain emergency medical treatment, should it be not from the activity. I understand that I will be notified necessary to obtain emergency treatment. The person emergency and their telephone numbers(s) are:	ecessary, during my child's travel to and d as soon as possible should it become	
NameTelephone I	No.	
NameTelephone Name	No.	
I, hereby, for myself, my heirs, executors, adr release any and all claims for damages I and/or my chil their representatives, chaperones, employees, successors a injuries sustained by myself and/or my child while trav I acknowledge these policies and hereby cons from these programs by school or district-provided to	d may have against the Charter School, and assigns arising out of any and all eling to and from this activity. sent to allow my child to travel to and	
Signature of Parent or Guardian	Date	
Signature of Student		