

RECIPROCAL CHAPERONING AGREEMENT FOR OVERNIGHT TRAVEL

Listed below are the expectations agreed upon by the Teachers/Advisors of the following schools:

School Name: _____ Teacher/Advisor Name: _____

School Name: _____ Teacher/Advisor Name: _____

attending the _____ Conference/Contest, to be held at

Location _____
(Location)

on the following dates: From _____ to _____

As a Student Leadership Organization (SLO) Advisor and a Certified Teacher, I recognize the importance of communicating with the Teacher/Advisor who has agreed to this **Reciprocal Chaperoning Agreement** so that together we follow the requirements listed below:

1. It is **required** that both Teachers/Advisors and their students **stay in the same hotel.**
2. The Teacher/Advisor will, upon arrival, introduce the joint Teacher/Advisor to his/her students and inform the students that the Teacher/Advisor is a designated Chaperone for the group.
3. The Teachers/Advisors agree to communicate throughout the conference.
4. The Teachers/Advisors agree to jointly enforce the organization's "Code of Conduct" and ensure that students **follow the designated curfew times** by being in their assigned rooms, staying in their assigned rooms, and not allowing other students in their rooms.

By signing this agreement, I verify that I am a Certified Teacher and Student Leadership Advisor in good standing that has successfully completed all background/fingerprinting checks as required by the State of Washington. Also, I agree to abide by the requirements listed above in this joint chaperoning effort.

Teacher/Advisor signature _____ Date _____

To be completed by District Administrator

I verify that as of _____ the above-named Teacher/Advisor, _____ is a Certified Staff and Student Leadership Advisor in good standing that has successfully completed all background/fingerprinting checks as required by the State of Washington.

District Administrator Signature: _____ Date _____

To be completed by Student & Parent/Guardian

I have read the above "Reciprocal Chaperoning Agreement for Overnight Travel" and agree that both of the above- noted Teachers/Advisors will serve as Joint Chaperones.

Student Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____