

Taylor County School District CHAPERONE REQUEST FORM

The _____ from _____
Club, Grade Level or Organization School

is requesting that the following people be named official chaperones for our trip to

_____ for _____
Location Event

on _____ . Required Student/Chaperone Ratio (if applicable) _____ to _____
Date(s) Students Chaperone

Total number of chaperones authorized by Principal _____
Number Initials

Only official employee chaperones will be allowed to use a **School Business** day for this absence. All other employee chaperones must use a **Personal** day or **Leave Without Pay**. The number of official chaperones must be approved by the Principal of participating group.

>>> *All chaperones must have the required criminal record check on file.* <<<

Official Employee Chaperones/School (using School Business Days) *Non-Employee Chaperones must be listed on back.*

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/	/
/	/
/	/
/	/
/	/

Sponsor _____ Date _____

Superintendent _____ Date _____

Approved by _____ Date _____
Principal or Designee (from school of participating group)

_____ Date _____
Principal or Designee (from other school involving employee chaperones)

_____ Date _____
Principal or Designee (from other school involving employee chaperones)

All employee chaperone requests must be submitted to the Payroll Department at Central Office one (1) week prior to trip. School Business absences will not be honored if this request is not submitted in a timely manner.

Non-Employee Chaperones must be listed on back.

School Employees using Personal days or Leave Without Pay

Non-Employee Chaperones *(This section can be completed after employee chaperone approval is granted)*

I certify that all non-employee chaperones listed (parents, etc.) have met the requirements of the Taylor County Board of Education volunteer policy (criminal records check, volunteer orientation, TB skin test).

<u>Ann Mattingly or other FRC staff (Elementary)</u>	<u>Number</u>	<u>Date</u>
<u>April Melton or other YSC staff (Middle School/High School)</u>	<u>Verified</u>	
Sponsor _____	Date _____	
Approved by _____	Date _____	
Principal or Designee (from school of participating group)	Date _____	
Principal or Designee (from other school involving employee chaperones)	Date _____	
Principal or Designee (from other school involving employee chaperones)	Date _____	