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**AURORA PUBLIC SCHOOLS**  
**Adopted August 1992**  
**Recoded November 1998**  
**Revised December 2004**  
**Reviewed September 2007**  
**Revised February 2016**

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**APS Code: JJH**

## **STUDENT TRAVEL**

The Board of Education recognizes that the firsthand learning experiences provided by student travel can be an effective and worthwhile means of learning. It is the Board's desire to encourage student travel that is part of, and is directly related to, the total school program. Student travel is defined as travel by students, whether individually or in groups, involving an overnight at any time during the calendar year whether or not the school is in session. District-authorized student travel is travel directly related to school curriculum or school programs that is initiated, promoted, organized and supervised by district staff and that has been officially approved by the building principal and the Superintendent or designee. All other student travel occurs outside the authority and control of the district and is considered unauthorized, even if a staff member may be involved in the trip; in these cases the district assumes no liability or responsibility for such student travel. Staff members involved in student travel that is not authorized by the district are directed to make clear to students and parents that the trip is not school sponsored.

The Superintendent of Schools or designee, at the direction of the Board of Education, will develop and implement specific regulations and appropriate administrative procedures to screen, approve, and evaluate student travel to ensure that reasonable steps are taken for the safety of the participants. The principal or designee shall verify that the travel will offer an appropriate educational experience.

The regulations shall ensure that the request for student travel has been filed on designated forms and is approved by the building principal and the Superintendent of Schools or designee.

**LEGAL REF.:** C.R.S 40-10-116(1)(b)

**CROSS REFS.:** EEAFa, Extracurricular Activity Buses/Field Trips/Special Events Transportation  
EEAG, Student Transportation in Private Vehicles  
JLCD, Administering Medicines to Students

## **STUDENT TRAVEL**

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All overnight student travel shall be authorized by the school district and be planned and conducted in accordance with the following guidelines.

1. If participation in a student activity trip will result in academic credit, this information must be made known to students prior to enrollment in the course or activity. If a student does not wish to participate in a student activity trip, which is a requirement for course credit, the student will be given the opportunity to earn academic credit by participation in a special project(s) or other approved activity as arranged by the teacher in charge.
2. Only trip sponsors, chaperones (at least 21 years of age), current district students, and graduating seniors may participate in district-authorized student travel programs. Students should be members of the specific group/class for whom the travel has been designed. The trip sponsor must be an employee of Aurora Public Schools. All adults traveling with the trip are considered chaperones.
3. In planning the trip, the sponsor shall consider the appropriate sponsor/chaperones-to-students ratio. It is an expectation that there will be at least one chaperone for every ten students. A minimum of two chaperones is required for each trip that includes two to ten students.
4. Each adult who is not an APS employee must have his/her background check run at their own expense and approved by Risk Management. Documentation of approval must be submitted on JJH-8-E with the final application three weeks prior to the departure of the trip.

All requests for student travel shall be submitted on designated forms and approved by the principal or designee and the superintendent or designee. The superintendent hereby designates the Director School and Community Services to act as the designee in student travel matters.

- a. The preliminary application form must be submitted at least six weeks prior to the travel date. If requesting student travel to international locations, the preliminary application form must be submitted at least 12 weeks prior to the travel date.
  - i. JJH-1-E Preliminary Application for Student Travel
- b. The final application form and the appropriate documentation must be submitted at least three weeks prior to the travel date.

## **STUDENT TRAVEL**

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- i. JJH-2-E Final Application for Student Travel
  - ii. JJH-3-E Parent/Guardian Assumption of Risk Agreement (kept on site)
  - iii. JJH-4-E Emergency Medical Authorization and Health Information forms (kept on site; completed forms must also be taken on the trip)
  - iv. JJH-5-E District-Authorized Student Travel Behavior Expectations (kept on site)
  - v. JJH-6-E Responsibilities and Requirements for Sponsors/Chaperones of District-Authorized Student Travel (kept on site)
  - vi. JJH-7-E Trip Chaperone/Student Travel (include with final application)
  - vii. JJH-8-E Chaperone background & approval (include with final application)
  - viii. JJH-9-E Trip Description/Itinerary (include with final application)
  - ix. JJH-10-E Trip Cost/Student Travel (include with final application)
  - x. JJH-11-E Checklist for Mandatory Parent/Guardian Meeting (include with final application)
  - xi. JJH-12-E Final Roster of Participants (include with final application)
- c. The school district reserves the right to deny an application if it is not submitted in a timely manner.
5. Student travel must be approved by the administrator designated by the principal. If that administrator is sponsoring the trip or traveling with the trip, the trip shall be approved by the principal. If the principal is a sponsor or traveling with the trip, the trip shall be approved by the appropriate Learning Community Director.
6. All approved forms and trip records, including financial records shall be kept on file at the school. Sponsors shall obtain, when feasible, competitive pricing to ensure maximum student participation at the lowest possible cost for a high-quality program.
7. The trip sponsor will be responsible for arranging an appropriate educational experience and supervision for students who do not participate in the student travel and remain at the school. Substitute teacher fees may be included in the cost of the students' trip if a substitute teacher is required for a teacher's classroom absence during the school year.

**STUDENT TRAVEL**

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8. If a substitute teacher is required for a teacher's classroom absence during travel, the cost of the substitute may be included in the cost of the students' trip.
9. Reasonable measures to provide for student safety shall be taken at all times. First-aid kits or first-aid stations should be available to student travel participants.
10. Approval of international travel will be subject to United States Department of State travel warnings. Travel warnings are issued when the state department decides, based upon all relevant information, to recommend that Americans avoid travel to a certain country. No district sponsored international travel will be approved to any other country as long as the worldwide caution is in effect, unless an exception is granted by the Superintendent. The trip will be cancelled if warnings or cautions to specific countries are issued between the approval date and the departure of the trip. Sponsors are responsible for confirming, immediately prior to departure, that no travel warnings are in effect for countries on the itinerary.
11. Should an emergency occur, the sponsor is responsible for notifying the building principal as soon as possible. The sponsor is also responsible for notifying the parent/guardian of each student involved. If the sponsor is not available, a designated chaperone shall assume the responsibility for contacting the principal and the parent/guardian of each student involved. The principal shall notify the Chief of Staff of any travel emergency.

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**AURORA PUBLIC SCHOOLS**  
**Issued June 1992**  
**Revised January 2005**  
**Revised September 2008**  
**Revised April 2009**  
**Revised June 2010**  
**Revised February 2016**

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**APS Code: JJH-1-E**

**PRELIMINARY APPLICATION FOR STUDENT TRAVEL**

**Page 1 of 6**

This form must be completed and submitted to the Director of School and Community Services to request school district approval for school-sponsored overnight student travel. Staff members participating in trips which are not so authorized, shall not use this form or other APS student travel forms. This preliminary application must be submitted at least six weeks prior to the travel date. If requesting student travel to international locations, the preliminary application form must be submitted at least 12 weeks prior to the travel date. The school district reserves the right to deny a request for travel if the application is not submitted in a timely manner.

School: \_\_\_\_\_ Destination(s) \_\_\_\_\_  
(City, State/Country)

Sponsor(s): \_\_\_\_\_ Date(s) of Trip: \_\_\_\_\_  
(Print name)  
\_\_\_\_\_  
(Print name)

Name of Group/Club/Class: \_\_\_\_\_

Purpose of travel/educational value of the trip with specific relationship to the curriculum:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Itinerary:

Destination(s): \_\_\_\_\_

Telephone contacts: \_\_\_\_\_

Dates/Times:

Departing from school: \_\_\_\_\_ Arriving at destination: \_\_\_\_\_

Departing from destination: \_\_\_\_\_ Arriving at school: \_\_\_\_\_

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**PRELIMINARY APPLICATION FOR STUDENT TRAVEL**

**Page 2 of 6**

Lodging: \_\_\_\_\_

Telephone contacts: \_\_\_\_\_

**2. Participants:**

Number of students participating: \_\_\_\_\_

Number of staff participating: \_\_\_\_\_

Number of other adult chaperones: \_\_\_\_\_

There must be a minimum of two chaperones for any student travel of two to ten students. For more than ten students the district ratio of one chaperone to ten students will apply.

Does the ratio of adults to students meet the district standard of 1:10? \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

Number of days students will not attend regularly scheduled classes: \_\_\_\_\_

**3. Approximate total cost of trip per student: \_\_\_\_\_**

Student cost: \_\_\_\_\_ District cost: \_\_\_\_\_

If fundraising is required, provide a brief description of the fundraising plan and events:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRELIMINARY APPLICATION FOR STUDENT TRAVEL**

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4. Student activities planned during trip:

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5. Agency/company arranging trip: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

6. When renting a vehicle, liability and collision damage insurance must be purchased through the rental company. Only sponsors and chaperones are permitted to drive. For rented vehicles, drivers must meet the minimum age as specified in the rental contract.

7. Use of volunteered vehicles: When personal vehicles are used, the vehicle will always be:
- a. Covered by liability insurance for the minimum amount prescribed by the district (\$300,000 single limit or \$100,000/\$300,000/\$25,000 automobile liability insurance).
  - b. Equipped with one seat belt for every passenger, with required use.

APS district form #1131, Authorization to Use Privately Owned Vehicle on School District Business, must be approved and on file in Risk Management prior to submitting the Final Application for Student Travel. All individuals driving a vehicle shall be required to sign a release to have their driving record checked. The costs for the driver's record check need to be included in the total costs of the trip. Only sponsors and chaperones are permitted to drive.

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**APS Code: JJH-1-E**

**PRELIMINARY APPLICATION FOR STUDENT TRAVEL**

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8. Lodging and sleeping arrangements: Please be advised that each student must have individual sleeping arrangements (bed, rollaway, cot, etc.).

\_\_\_\_\_  
Name of Sponsor (printed)

\_\_\_\_\_  
Signature, Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized Building Administrator (printed)

\_\_\_\_\_  
Signature, Authorized Building Administrator

\_\_\_\_\_  
Date

PRELIMINARY APPROVAL FOR STUDENT TRAVEL IS:

\_\_\_\_\_ Granted                      \_\_\_\_\_ Not Granted

\_\_\_\_\_  
Name of Superintendent or Designee (printed)

\_\_\_\_\_  
Signature, Superintendent or Designee

\_\_\_\_\_  
Date



**PRELIMINARY APPLICATION FOR STUDENT TRAVEL**

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**PRELIMINARY ROSTER OF STUDENTS**

Name of Student	Student ID	Name of Parent/Guardian	Phone Numbers (Home & Cell)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____

**PRELIMINARY APPLICATION FOR STUDENT TRAVEL**

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**PRELIMINARY ROSTER OF ALL SPONSORS AND CHAPERONES**

Prior to adults tendering payment for the trip, it is suggested background checks be conducted and approved.

	Full Name of Adult	Date of Birth	Phone Number Home	Phone Number Cell
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____

**FINAL APPLICATION FOR STUDENT TRAVEL**

**Page 1 of 5**

This final application form and the appropriate documentation must be submitted at least three weeks prior to the travel date. The school district reserves the right to deny a request for travel if the application is not submitted in a timely manner.

School: \_\_\_\_\_ Destination(s): \_\_\_\_\_  
(City, State/Country)  
Sponsor(s): \_\_\_\_\_ Date(s) of Trip: \_\_\_\_\_  
(Print name)  
\_\_\_\_\_  
(Print name)

Name of Group/Club/Class: \_\_\_\_\_

Preliminary Application Information is:

\_\_\_\_\_ The Same          \_\_\_\_\_ Updated (attach)          \_\_\_\_\_ New (attach)

The ratio of adults to students must meet the district standard of 1/10, except if 2-10 students are participating, 2 chaperones must travel with the group.

Number of chaperones attending: \_\_\_\_\_  
Number of students attending: \_\_\_\_\_

**Checklist for Student Travel**

Please complete the following checklist of activities to indicate the completion of each activity. The person completing each activity will indicate the date the activity was completed and initial this form to verify completion. Copies of all completed forms and documentation will be kept in the school office.

1. Final roster of student participants has been reviewed and approved by the informed supervisor for your school. (Please consult with your principal to identify the informed supervisor for your building.)

**FINAL APPLICATION FOR STUDENT TRAVEL**

**Page 2 of 5**

Date Completed: \_\_\_\_\_ Initials: \_\_\_\_\_

Comments: \_\_\_\_\_

2. Students have submitted the Parent/Guardian Assumption of Risk Agreement (**JJH-3-E**).

Date Completed: \_\_\_\_\_ Initials: \_\_\_\_\_

Comments: \_\_\_\_\_

3. Students have submitted the Emergency Medical Authorization and Health Information forms (**JJH-4-E**).

Date Completed: \_\_\_\_\_ Initials: \_\_\_\_\_

Comments: \_\_\_\_\_

4. Meetings have been held to inform students of their expected conduct for student travel. A review of student handbooks and district policy and procedures related to student conduct has been completed. District-Authorized Student Travel Behavior Expectations (**JJH-5-E**) has been collected from all students.

Date Completed: \_\_\_\_\_ Initials: \_\_\_\_\_

Comments: \_\_\_\_\_

5. Meetings have been held to review the roles of chaperones. Responsibilities and Requirements for Sponsors/Chaperones of District-Authorized Student Travel (**JJH-6-E**) forms have been collected from all chaperones.

Date Completed: \_\_\_\_\_ Initials: \_\_\_\_\_

Comments: \_\_\_\_\_

6. Trip Chaperone/Student Travel (**JJH-7-E**) is complete and is **attached**.

**FINAL APPLICATION FOR STUDENT TRAVEL**

**Page 3 of 5**

Date Completed: \_\_\_\_\_ Initials: \_\_\_\_\_

Comments: \_\_\_\_\_

7. The Aurora Public School District School Volunteer Application (**JJH-8-E**) is complete for each adult who is not employed by Aurora Public Schools and is **attached**.

Date Completed: \_\_\_\_\_ Initials: \_\_\_\_\_

Comments: \_\_\_\_\_

8. Trip Description/Itinerary (**JJH-9-E**) is complete and is **attached**.

Date Completed: \_\_\_\_\_ Initials: \_\_\_\_\_

Comments: \_\_\_\_\_

9. Trip Cost/Student Travel (**JJH-10-E**) is complete and is **attached**.

Date Completed: \_\_\_\_\_ Initials: \_\_\_\_\_

Comments: \_\_\_\_\_

10. Checklist for mandatory parent meeting (**JJH-11-E**) is complete and is **attached**.

Date Completed: \_\_\_\_\_ Initials: \_\_\_\_\_

Comments: \_\_\_\_\_

11. Final Roster of Participants (**JJH-12-E**) is complete and is **attached**.

Date Completed: \_\_\_\_\_ Initials: \_\_\_\_\_

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**FINAL APPLICATION FOR STUDENT TRAVEL**

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Comments: \_\_\_\_\_

12. Transportation has been confirmed.

Date Completed: \_\_\_\_\_ Initials: \_\_\_\_\_

Comments: \_\_\_\_\_

13. Lodging and sleeping arrangements have been confirmed. Does each student have his/her own independent sleeping space? (Students may not share beds; each must have his/her own bed, cot, rollaway, sleeping bag on the floor, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe the arrangements which have been made: \_\_\_\_\_

\_\_\_\_\_

Date Completed: \_\_\_\_\_ Initials: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Name of Sponsor (printed)

\_\_\_\_\_  
Name of Authorized Building  
Administrator (printed)

\_\_\_\_\_  
Name of Sponsor (printed)

\_\_\_\_\_  
Signature, Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature,  
Authorized Building Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
Authorized Building Administrator

\_\_\_\_\_  
Date

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**AURORA PUBLIC SCHOOLS**  
**Issued June 1992**  
**Revised January 2005**  
**Revised September 2008**  
**Revised June 2010**  
**Revised February 2016**

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**APS Code: JJH-2-E**

**FINAL APPLICATION FOR STUDENT TRAVEL**

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**FINAL APPROVAL IS:**

\_\_\_\_\_ Granted

\_\_\_\_\_ Not Granted

\_\_\_\_\_  
Name of Superintendent or designee (printed)

\_\_\_\_\_  
Signature, Superintendent or designee

\_\_\_\_\_  
Date

**PARENT/GUARDIAN ASSUMPTION-OF-RISK AGREEMENT**

School: \_\_\_\_\_ Trip: \_\_\_\_\_  
(City, State/Country)

Sponsor(s): \_\_\_\_\_ Date of Trip: \_\_\_\_\_

I understand that student participation in this trip is entirely voluntary. The undersigned parties expressly acknowledge that such participation potentially involves risks and obligations that are impossible to predict, but which are beyond the scope of those normally associated with the traditional school functions conducted on district property. This may include, but are not limited to, the risk of loss or damage of personal property, the risk of sickness, personal injury or death while participating in the trip and the obligation of payment of fees associated with the trip. Especially since September 11, 2001, the risks also involve the potential for actual or threatened terrorist acts. Such acts may include, without limitation, risk of personal injury, illness, and death or loss of or damage to personal property. The risks also include cancellation, alteration, or early termination of the trip because of actual or threatened terrorist acts. In such cases, fees and expenses may not be refunded, depending upon the policies of the trip organizing company and the individual travel, accommodation and activity providers. Please note that trip cancellation insurance may be available for purchase and such purchase is optional. The persons signing this agreement hereby agree to assume all risks associated with this travel, including those specified in this document.

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Signature, Student \_\_\_\_\_ Date \_\_\_\_\_

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Student Name (printed), Address and Telephone Number(s) \_\_\_\_\_

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Signature, Parent(s)/Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Guardian Name (printed), Address and Telephone Number(s) \_\_\_\_\_



**EMERGENCY MEDICAL AUTHORIZATION**

**Page 1 of 4**

School: \_\_\_\_\_ Destination(s) \_\_\_\_\_  
(City, State/Country)

Sponsor(s): \_\_\_\_\_ Date(s) of Trip: \_\_\_\_\_

I/we, the undersigned parents/guardians of \_\_\_\_\_(hereinafter "my student"), hereby represent to Aurora Public Schools (hereinafter the "district") that my student's physical, mental and emotional health is sufficient to enable the student to participate safely in this trip and the trip does not pose an unreasonable health hazard to my student.

I/we hereby give my/our consent for my student to (1) be treated by any qualified nurse, physician, or surgeon as may be deemed necessary by the district, its agents, servants, or employees during the trip; (2) be administered medication and/or emergency first aid care as may be necessary or appropriate; and (3) receive treatment in hospitals, medical offices, clinics, or elsewhere in the event of accident or illness. To assist in that medical care or treatment, I/we represent that the medical information supplied on the Health Information Form is true and accurate. I/we understand and agree that neither the district nor its agents, servants, or employees are responsible for the result of any medical or emergency treatment rendered or supplied to my student. I/we will hold the district and its agents, servants, and employees harmless and indemnify them from any claim, cause of action or demand arising out of any form of or the lack of medical or emergency treatment rendered to my student.

My student, by his/her signature hereto, fully agrees and consents to the foregoing.

\_\_\_\_\_  
Name of Student (printed)

\_\_\_\_\_  
Signature, Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name(s) of Parent/Guardian (printed)

\_\_\_\_\_  
Signature(s), Parent/Guardian

\_\_\_\_\_  
Date

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**EMERGENCY MEDICAL AUTHORIZATION**

**Page 2 of 4**

**HEALTH INFORMATION**

Student name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

Health insurance provider (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Medicaid # \_\_\_\_\_

(If no personal health insurance is held, student accident insurance may be purchased by parent/guardian through Aurora Public Schools.)

**Emergency Contact Information:**

Parent/Guardian name(s) \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Other emergency contact, if parent/guardian unavailable \_\_\_\_\_ Phone \_\_\_\_\_

**Information of which sponsors/chaperones should be aware:**

1. List any significant health problems of this student of which the sponsors/chaperones should be aware. List the health concern(s), what to possibly expect, and what to do.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. List any allergies:

Food \_\_\_\_\_

Drug \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

**Page 3 of 4**

**HEALTH INFORMATION**

Environment/Insect/Type \_\_\_\_\_

What type of reaction should be expected? What course of action should be taken in the event of a reaction? \_\_\_\_\_

\_\_\_\_\_

3. Medications the student is currently taking or will be taking while on trip:

In most cases there will not be a nurse on this trip. Assuming that you wish a staff member to administer medication (as opposed to a child's self-administration), a sponsor or staff member has been delegated by the school nurse to oversee your child getting their medication.

\_\_\_\_\_ No, my child will not be taking any medication during the trip.

\_\_\_\_\_ Yes, my child will require medication during the trip.

Drug(s) name \_\_\_\_\_

Dosage \_\_\_\_\_

Times to be given/taken (please check):

Breakfast \_\_\_\_ Lunch \_\_\_\_ Dinner \_\_\_\_ Bedtime \_\_\_\_ Only as needed \_\_\_\_

Prescription medication supplied by the student's parents or guardian must be in the original container from the pharmacy with a label that includes student name, drug name, dose, time interval, route and specific indications. Non-prescription medications which are to be taken on an "as-needed" basis (rather than regularly) must also be in the original labeled container. The container should also be labeled with the student's name. Medication will not be administered without a Physician/Parent Authorization form signed by the parent/guardian and the doctor. If a copy of this is already in the school health office, another form is not needed. Please contact the school health office to confirm that the appropriate form is on file.

Students may arrange with the school nurse to self-administer medication following policy JLCD-R.

Date of last Tetanus \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

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**HEALTH INFORMATION**

4. Special care needed while on trip: \_\_\_\_\_  
\_\_\_\_\_

5. Special instructions to medical personnel if emergency care is needed: \_\_\_\_\_  
\_\_\_\_\_

6. Does your child have a current Aurora Public Schools Health Care Plan?  
\_\_\_\_\_ Health Care Plan attached

\_\_\_\_\_ My child does not have a condition that needs a Health Care Plan at school.

Completed by:

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to student

**DISTRICT-AUTHORIZED STUDENT TRAVEL BEHAVIOR EXPECTATIONS**

**Page 1 of 2**

School: \_\_\_\_\_ Destination(s): \_\_\_\_\_  
(City, State/Country)

Sponsor(s): \_\_\_\_\_ Date(s) of Trip: \_\_\_\_\_  
(Print name)

This document sets out behavior expectations for students engaging in student travel, as well as potential consequences for violation of those expectations. Students are expected to behave in accordance with the Student Discipline Conduct and Discipline Code as set forth in the Aurora Public Schools' Board of Education policy and regulation JK.1 and JK.1-R. This conduct and discipline code can be found in the Safe Schools Handbook and at <http://aurorak12.org/pol-reg/SectionJ/jk1.pdf>.

At a minimum, all students participating in a student travel program shall:

1. Participate in and be on time for all required activities.
2. Follow all usual school rules and expectations, the Aurora Public Schools Code of Conduct, and the laws of the United States and Colorado. In addition, if traveling abroad, students shall observe and respect the laws and customs of the host country provided that the students shall adhere to school rules and expectations, including the APS Student Code of Conduct, at all times.
3. Not purchase, consume, use, possess, or exchange any alcoholic beverages, drugs, or tobacco products.
4. Demonstrate, through general behavior, language, and noise level, common courtesy toward others at all times.
5. Follow directions from a sponsor/chaperone. Failure to follow such directions will be considered insubordination.
6. Meet all curfews established by sponsors/chaperones, or by trip supervisors.
7. Keep sponsors/chaperones informed of their activities and whereabouts at all times, and not leave the lodging or activity site without prior approval of a sponsor/chaperone.
8. Not deface or damage any property, furnishings, or public or personal belongings. Violation of this expectation will result in the student(s) involved paying for such damage.
9. Dress appropriately for each activity, including any dress as required by the sponsor/chaperone.
10. Not be present at any time in the sleeping room(s) of members of the opposite sex, unless approved by the sponsor(s), with the door wide open at all times, and/or a sponsor is present in the room.
11. Not operate a motorized vehicle of any kind, unless specifically authorized to do so by a sponsor.

Because it is impossible to anticipate all possible student behaviors that might occur during a student travel program, Aurora Public Schools reserves the right to determine if any student behavior, whether mentioned above, in an addendum, or not, is inappropriate and should result in disciplinary action. Such action includes, but is not limited to, denial of participation in activities, removal of privileges, an early return home at parent expense, and appropriate consequences upon return to school.

**DISTRICT-AUTHORIZED STUDENT TRAVEL BEHAVIOR EXPECTATIONS**

**Page 2 of 2**

I/we acknowledge having read and agree to abide by the Student Travel Behavior Expectations indicated above, and by any attached addendum to this document. In the event of repeated violations or a serious violation of the established rules by the student, I/we will accept a collect telephone call concerning the student's actions and behavior, and I/we further understand, agree, and consent to the student being returned home immediately (or early) by public transportation at my/our expense.

\_\_\_\_\_  
Name of Student (printed)

\_\_\_\_\_  
Signature, Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name(s) of Parent/Guardian (printed)

\_\_\_\_\_  
Signature(s), Parent/Guardian

\_\_\_\_\_  
Date

**RESPONSIBILITIES AND REQUIREMENTS FOR SPONSORS/CHAPERONES OF  
DISTRICT-AUTHORIZED STUDENT TRAVEL**

**Page 1 of 2**

School: \_\_\_\_\_ Destination(s): \_\_\_\_\_  
(City, State/Country)

Sponsor(s): \_\_\_\_\_ Date(s) of Trip: \_\_\_\_\_  
(Print name)

Each adult participating in this trip is considered a sponsor/chaperone and must abide by the following requirements and responsibilities:

**At a minimum, sponsors/chaperones shall:**

**At the time of the student travel:**

1. Be at least 21 years old.
2. Be thoroughly familiar with the APS Conduct and Discipline Code (Policy JK.1, ADH, JBC and their accompanying regulations), Policy JJH, Administrative Procedures for JJH, exhibits, forms, and sponsor checklist.

**During the student travel:**

1. Conduct themselves at all times as they would at any school-sponsored event, including not consuming any alcoholic drinks.
2. Participate in scheduled activities.
3. Act to protect the students in their care from any foreseeable danger.
4. Carry out supervisory responsibilities as required by JJH Administrative Procedures, including being on-call 24 hours a day.
5. Be willing to return home early in order to accompany a student sent home for violation of behavioral expectations.
6. Contact school administration and, if necessary, local authorities as soon as possible if problems or concerns develop.

**At all times before, during, and after student travel:**

1. Comply with all relevant district policies, including those regarding financial responsibilities.
2. As a sponsor or a chaperone who is an employee of Aurora Public Schools, act as an employee of the school district, subject to all applicable laws, regulations, APS policies, and APS procedures. Misconduct during student travel may result in exclusion for any further student travel and/or job discipline.
3. As a chaperone who is not an APS employee, obtain an approved background check through the Security Department in order to be approved as a chaperone for this trip, understand that you are subject to all applicable laws, regulations, APS policies, and APS procedures. Misconduct during student travel may result in your exclusion from any further trip activities.

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**RESPONSIBILITIES AND REQUIREMENTS FOR SPONSORS/CHAPERONES OF  
DISTRICT-AUTHORIZED STUDENT TRAVEL**

**Page 2 of 2**

**ACKNOWLEDGMENT OF RESPONSIBILITIES**

I acknowledge having read the Responsibilities and Requirements indicated above, and I certify by my signature below that I meet those requirements and agree to carry out those responsibilities.

\_\_\_\_\_  
Signature, Sponsor/Chaperone

\_\_\_\_\_  
Date

I am (please check one)

\_\_\_\_\_ a district employee

\_\_\_\_\_ a district parent/guardian

\_\_\_\_\_ other (please describe:) \_\_\_\_\_

**ACKNOWLEDGMENT OF LIMIT OF WORKERS' COMPENSATION**

I understand that Workers' Compensation benefits apply only to district employees acting as sponsors/chaperones on district-sponsored student travel programs (see Policy JJH for definition). I also understand that if I am not covered by such benefits, I am entirely responsible for costs associated with any injury or accident that I may suffer while participating in student travel, or for purchasing any such insurance coverage.

\_\_\_\_\_  
Signature, Sponsor/Chaperone

\_\_\_\_\_  
Date





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**AURORA PUBLIC SCHOOLS**  
**Issued June 2010**  
**Revised February 2016**  
**Revised August 2018**

**APS Code: JJH-8-E**

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**AURORA PUBLIC SCHOOLS DISTRICT SCHOOL VOLUNTEER APPLICATION**

**Page 1 of 2**

**PLEASE READ BEFORE COMPLETING THE FOLLOWING SECTIONS:**

The following legal questions and background check information allow us as a school district to determine your eligibility for a volunteer service position where you may have daily contact with children. It is important that you answer the following questions honestly. Background checks are performed on all applicants volunteering with the Aurora Public Schools and will reveal any and all instances in which you may have been arrested, summoned, charged or convicted for minor (such as underage drinking, shoplifting, simple assault, motor vehicle violations, etc.) and major offenses, both locally and nationally. **If these types of things have occurred in your past, and you deny knowledge of such occurrences by answering "NO" to the applicable question(s), you may be disqualified from volunteering with the Aurora Public Schools for at least one year.** If you have had instances in the past, which would require a good faith answer of "Yes" to any of the following questions, this will not bar you from volunteer consideration; each case is judged individually and many offenses, particularly minor ones, may not prevent you from becoming a volunteer for the Aurora Public Schools.

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Residing in current address since (Month / Year):** \_\_\_\_\_

**If you have resided in current address less than 7 years, please provide history on back of form)**

**Government ID #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  
**(Driver's License, Consulate Card, Foreign Passport, etc.)**

**School(s) where you are volunteering:** \_\_\_\_\_

**Are you part of a program? If yes, which program?** \_\_\_\_\_

**Have you received an Aurora Public Schools volunteer badge in the past?**  Yes  No

**If yes, what is your volunteer badge number (located on the back of your badge):** \_\_\_\_\_

**Volunteer's Telephone # ( )** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Emergency Contact # ( )** \_\_\_\_\_

**How many years have you lived in Colorado?** \_\_\_\_\_ **What state previously?** \_\_\_\_\_

**Are you a guardian/parent of a child in the district?**  Yes  No

**If yes, child's name and name of school** \_\_\_\_\_

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**AURORA PUBLIC SCHOOLS DISTRICT SCHOOL VOLUNTEER APPLICATION**

**Page 2 of 2**

**\*\* ALL APPLICANTS \*\***

1. Have you ever been charged with any offense involving the sexual molestation, physical or sexual abuse, or rape of a child?  Yes  No

(If you checked **yes** to this question, please explain on the back of this sheet.)

2. Have you ever been convicted of a criminal offense other than minor traffic offenses? **(For purposes of this form, the term “convicted” includes and means conviction by a court or by a jury, and shall also include a plea of “no contest” or the imposition of a deferred sentence).**

Yes  No

**PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGEMENT, RELEASE AND AUTHORIZATION**

In connection with this request, I authorize all law enforcement agencies, city, state, county and federal courts, Aurora city government, military services and persons to release information they may have about me to the person or company with which this form has been filed or their agent, Verified Volunteers. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand that these files may contain negative information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. I understand that, as a volunteer, I am not covered by Aurora Public Schools workers' compensation insurance for any injuries I sustain while volunteering.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**To Be Completed By Security**

Processed by: \_\_\_\_\_ Date Approved \_\_\_\_\_

School assigned to: \_\_\_\_\_ Volunteer ID Badge # \_\_\_\_\_

Background approved:  Yes  No

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**AURORA PUBLIC SCHOOLS**  
**Issued June 1992**  
**Revised January 2005**  
**Revised September 2008**  
**Revised June 2010**  
**Revised February 2016**

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**APS Code: JJH-9-E**

**TRIP DESCRIPTION/ITINERARY**

School: \_\_\_\_\_ Destination(s) Trip: \_\_\_\_\_  
(City, State/Country)

Sponsor(s): \_\_\_\_\_ Date(s) of Trip: \_\_\_\_\_  
(Print name)

**ITINERARY**

Date	Depart From	Travel To

Transportation Information:

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Description of Transportation: \_\_\_\_\_

Lodging Information: Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Description of Transportation: \_\_\_\_\_

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**AURORA PUBLIC SCHOOLS**  
Issued June 1992  
Revised January 2005  
Revised September 2008  
Revised June 2010  
Revised February 2016

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**APS Code: JJH-10-E**

**TRIP COST/STUDENT TRAVEL**

School: \_\_\_\_\_

Destination(s): \_\_\_\_\_  
(City, State/Country)

Sponsor(s): \_\_\_\_\_  
(Print name)

Date(s) of Trip: \_\_\_\_\_

Total trip cost per student: \$ \_\_\_\_\_

Transportation: \$ \_\_\_\_\_

Lodging: \$ \_\_\_\_\_

Meals: \$ \_\_\_\_\_

Insurance: \$ \_\_\_\_\_

Other:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL COST FOR ALL STUDENTS AND SPONSOR(S) FOR THIS TRIP \$ \_\_\_\_\_**

**This trip is being funded by (check all that apply):**

\_\_\_\_ Individual students    \_\_\_\_ School    \_\_\_\_ District    \_\_\_\_ Fundraising

**CHECKLIST FOR MANDATORY PARENT MEETING**

**Page 1 of 2**

School: \_\_\_\_\_ Destination(s) \_\_\_\_\_  
(City, State/Country)

Sponsor(s): \_\_\_\_\_ Date(s) of Trip: \_\_\_\_\_  
(Print name)

Whenever Aurora Public Schools' students are engaged in overnight travel, international or domestic, parents/guardians must attend a mandatory informational meeting. Please initial each item to indicate that the sponsor has reviewed the information with the students and parent(s)/guardian(s). The completed checklist is to be submitted as part of the final application.

- \_\_\_\_\_ Review District Policy JJH, Student Travel
- \_\_\_\_\_ Review purpose of travel/educational value of the trip
- \_\_\_\_\_ Review District Regulation JJH-9-E, Itinerary (destination[s], dates, times)
- \_\_\_\_\_ Review student activities planned during the trip
- \_\_\_\_\_ Review the number of students participating
- \_\_\_\_\_ Review District Regulation JJH-7-E, Trip Chaperone
- \_\_\_\_\_ Review the list of all sponsors' and supervisors' names that will be participating
- \_\_\_\_\_ Review the number of days students will not attend regularly scheduled classes
- \_\_\_\_\_ Review District Regulation JJH-10-E, Trip Cost; review total cost of trip per student, including student cost and district cost; if fundraising is required, review the fundraising plan and events
- \_\_\_\_\_ Review type of transportation to be used
- \_\_\_\_\_ Review lodging arrangements
- \_\_\_\_\_ Review District Regulation JJH-3-E, Parent/Guardian Assumption of Risk Agreement
- \_\_\_\_\_ Review District Regulation JJH-4-E, Emergency Medical Authorization and Health Information form (all Emergency Medical Authorization and Health Information forms MUST accompany the sponsor(s) on the trip)
- \_\_\_\_\_ Review District Regulation JJH-5-E, District-Authorized Student Travel Behavior Expectations form
- \_\_\_\_\_ Review District Regulation JJH-6-E, Responsibilities and Requirements for Sponsors/Chaperones of District-Authorized Student Travel
- \_\_\_\_\_ Review emergency procedures, phone numbers and locations

**CHECKLIST FOR MANDATORY PARENT MEETING**

**Page 2 of 2**

- \_\_\_\_\_ Review that if medication will need to be administered, a staff member or sponsor has been delegated to administer medication and has received training to perform this task and/or that arrangements may be made with the school nurse to self-administer medication.
- \_\_\_\_\_ Photo identification/passport documentation
- \_\_\_\_\_ Other pertinent information (include on list)

I have reviewed all of the above information with the participating students and their parents(s)/guardian(s).

\_\_\_\_\_  
Name of Sponsor (printed)

\_\_\_\_\_  
Sponsor(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Sponsor (printed)

\_\_\_\_\_  
Sponsor(s)

\_\_\_\_\_  
Date

**FINAL ROSTER OF PARTICIPANTS**

Name of Student	Student ID	Name of Parent/Guardian	Phone Numbers (Home & Cell)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____
16. _____	_____	_____	_____