

ROOM CHECKS

Date: _____

Student Name	Room #	Checks									
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											

Group Number _____

Group Leader _____

Group Leader Signature

Security Plan

Curfew

1. What time is the curfew? _____

2. What is the time of the last daily itinerant activity?

3. How or where chaperones are stationed after curfew begins?

NAME	STATION

4. Who will be the designated chaperone(s) that remain awake during sleeping hours?

5. Will curfew time exceed 11:00PM Elementary or 12:00AM High School? _____ YES _____ NO

If yes, a permission slip must be submitted to parents.

During Chaperone training was Curfew covered? Yes _____ No _____

Trip Advisor Signature

Physical Security

Name and Address of Hotel or Lodging:

Local Police Department Telephone: _____

Lyndhurst Police Department: (201) 939-2900

Does the Hotel provide 24-hour security? Yes _____ No _____

If Yes, Please provide the following information:

Security Company Name: _____

Security Company Supervisor: _____

Security Company Telephone: _____

If No, does the hotel provide 24-hour reception? Yes _____ No _____

If No, how do people enter the building after hours?

If Hotel Security is not present, Trip sponsor should attach a security for after hours.

How many floors in the hotel? _____

Are there balconies in the room? _____

What floor are you lodging on? _____

During Chaperone training was Physical Security covered? Yes _____ No? _____

Trip Advisor Signature

Room Checks

- 1) All students must be in their assigned room 10 minutes prior to curfew for a room check.
- 2) Room check must begin 5 minutes prior to curfew.
- 3) All chaperones must lodge on the same floor as the students.
- 4) All chaperones must have access to all rooms of the students they are responsible for.
- 5) Two additional random mandatory room checks must be performed nightly and recorded on signed checklist submitted to trip sponsor.

- 6) Nightly Room check form must be completed and submitted with signature to Trip Sponsor.
- 7) Trip sponsor must submit guidelines for students who miss curfew. (Provide)
- 8) Chaperones must review fire and evacuation procedures for each hotel the group is lodging in.

- 9) How many rooms are assigned to each chaperone? (Provide a List)

- 10) Provide a written discipline plan for any student who violates policies. (Provide)

- 11) Room Assignments: Submit a list of room assignments including, pairings for each room

During Chaperone training was Physical Security covered? Yes _____ No? _____

Trip Advisor Signature

Lyndhurst Public Schools
Overnight Field Trip Permission Form

It is required for all participants to return this permission slip to the trip advisor in charge.

Emergency Medical Information Form

In order to care for your child in the case of an emergency we must have the following information

Destination: _____

Sponsor(s): _____

Departure Time & Date: _____

Approximate Return Time to School: _____

Name: _____

Home Address: _____

Home Phone #: (_____) _____ Emergency Work #(_____) _____

Emergency Telephone #: Name: _____

Phone Number: (_____) _____

Social Security Number: _____

Name of Insured Parent/Guardian: _____

Insurance Company: _____

Social Security Number of insured: _____

Does your child have any allergies? _____

Does your child require any regular medication? If so what?

Does your child have any other medical problems that we should be aware of?

Parent/Guardian: Signature

Date: _____

ALCOHOLIC BEVERAGES/DRUGS: Possession, distribution, purchase, and/or consumption of alcoholic beverages or drugs not registered with the school nurse, are prohibited and will be cause for terminating the trip for the person(s) involved. The parents/guardians and/or student(s) will assume all legal and financial expenses for the trip home. If necessary, the local authorities will be contacted.

ANY STUDENT: A Student who is sent home will be referred for an administrative hearing and will be suspended out of school for a minimum of three school days. The parents/guardians and/or student(s) will assume all legal and financial expenses for the trip home.

CHAPERONES: The chaperones have the authority to search persons, personal belongings, and accommodations whenever they deem such action necessary. Room checks will be held nightly. In the event of any problems, students should make every effort to see the chaperone specifically assigned to their rooms.

PROPERTY DAMAGE: The chaperones and students immediately upon arrival to the hotel will inspect Rooms. Report any item that may have been damaged prior to arrival to the chaperones. The occupants of each room will be financially responsible for any property damage.

CURFEW: Curfew times will be announced daily and will be strictly adhered to by the students. All students must stay in their assigned rooms between curfew hours. No outside visitors are allowed in rooms.

VIOLATIONS: Any school trip policies, school rules, hotel, or other public laws and regulations, local, state and county laws will be dealt with accordingly.

Parents/guardians and students will be required to attend a meeting and affix their signatures to the above rules prior to the trip.

While on a school trip, students may not leave the authorized areas. Students who depart from the authorized areas will be suspended and subject to being sent home at the expense of their parent or guardian. If you have any question relative to authorized areas, ask any chaperone who is on the trip.

ADDITIONAL REASONS FOR BEING SENT HOME: Stealing, fighting, breaking curfew, shoplifting or other actions, which impact upon the orderly process of this trip. The administrator or individual in charge of the trip will evaluate infractions on an individual basis.

ALL STUDENTS MUST PARTICIPATE IN ALL PLANNED ACTIVITIES.

All students who participate must leave and return with the group on the scheduled flights and bus transportation provided. No arrangements will be made to meet other parties or leave students at the trip location.

We have read the above Rules and Regulations and are aware of the behavior required and the policies involved.

IF PARENTS/GUARDIANS AND /OR STUDENTS ARE UNABLE TO AGREE WITH THE RULES AND CONSEQUENCES RELATIVE TO THE TRIP, THEY SHOULD NOT PARTICIPATE IN THIS ACTIVITY.

Print Student Name:

Student Signature:

Date:

Print Parent Guardian Name:

Parent Guardian Signature:

Date:

Lyndhurst Public Schools

Curfew Extension

Curfew for High School students is 12:00AM and 11:00PM for Elementary students, with your permission we are asking for an extension.

Date of Extension: _____

Requested Time: _____

Reason for Extension _____

Times of modified room checks because of curfew extension.

First Check _____

Second Check _____

Third Check _____

Student Name: _____ Homeroom _____

I understand that with my signature I am allowing my child to adhere to the above mentioned modified curfew schedule.

Parent Signature

Date

Approved: January 11, 2010