

1 **Great Falls School District**

2  
3 **PERSONNEL**

5430F

4  
5  
6 **CHAPERONE LETTER OF UNDERSTANDING**  
7

8 I understand that as a chaperone for the Great Falls School District I must adhere to the  
9 following rules:

- 10  
11 1. I shall not use tobacco products in the presence of students;  
12 2. I shall not consume any alcoholic beverages nor use any illicit drugs during the  
13 duration of my assignment as a chaperone, including during the hours following  
14 the end of the day's activities for students;  
15 3. I will not encourage or allow students to participate in any activity that is in  
16 violation of district policy during the field trip or excursion, including during the  
17 hours following the end of the day's activities.  
18

19 I understand that should I have been found to have violated these rules, I will not be used  
20 again as a chaperone for any District-sponsored field trips or excursions and may be  
21 excluded from using District-sponsored transportation for the remainder of the field trip  
22 or excursion and that I will be responsible for my own transportation back home.  
23

24 I also understand that, if found to have violated these rules, I may be subject to  
25 disciplinary action.  
26  
27

28  
29 \_\_\_\_\_  
Signature of Chaperone

\_\_\_\_\_ Date

30  
31  
32  
33 **Policy History:**

34 Adopted on: November 13, 2006

35 Revised on: August 20, 2018