

See the following pages for forms relating to student travel:

- Exhibit A: Student Travel Authorization & Settlement Form — 1 page
- Exhibit B: Acknowledgement of Responsibility and Permission for Student Participation in School-Sponsored Trip — 1 page
- Exhibit C: Request for Alternate Means of Travel for School Trip — 1 page
- Exhibit D: Transportation Release for Off-Campus Class or Activity — 2 pages

EXHIBIT A

San Felipe Del Rio CISD Student Travel Authorization & Settlement Form																																										
Purchase Order Numbers:																																										
Mileage		Hotel		Transportation																																						
Meals		Registration		Other																																						
Campus and Organization Name:					Number of Students:																																					
Purpose of Travel:					Number of Sponsors:																																					
Lead Sponsor:																																										
Address of Destination:					City:																																					
Estimated Date					Actual Date																																					
Leave		Time		Leave		Time																																				
Return		Time		Return		Time																																				
Mode of Transportation: Enter the Number of vehicles needed in the box.																																										
<input type="text"/>	Bus	<input type="text"/>	Charter	<input type="text"/>	Van	<input type="text"/>	Air	<input type="text"/>	Other																																	
Fund Function Org Yr PI OTC																																										
Account Code:																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 30%; text-align: center;">Estimated Expenses:</th> <th style="width: 50%; text-align: center;">Actual Expenses:</th> </tr> </thead> <tbody> <tr> <td>Student Meals</td> <td>Obj 6412 SO 56</td> <td></td> </tr> <tr> <td>Sponsor Meals</td> <td>Obj 6412 SO 56</td> <td></td> </tr> <tr> <td>Registration</td> <td>Obj 6412 SO 10</td> <td></td> </tr> <tr> <td>Driver Meals</td> <td>Obj 6412 SO 56</td> <td></td> </tr> <tr> <td>Bus</td> <td>Obj 6494 SO 52</td> <td></td> </tr> <tr> <td>Van</td> <td>Obj 6494 SO 54</td> <td></td> </tr> <tr> <td>Charter</td> <td>Obj 6412 SO 53</td> <td></td> </tr> <tr> <td>Lodging</td> <td>Obj 6412 SO 55</td> <td></td> </tr> <tr> <td>Other</td> <td>Obj 6412</td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> </tr> </tbody> </table>											Estimated Expenses:	Actual Expenses:	Student Meals	Obj 6412 SO 56		Sponsor Meals	Obj 6412 SO 56		Registration	Obj 6412 SO 10		Driver Meals	Obj 6412 SO 56		Bus	Obj 6494 SO 52		Van	Obj 6494 SO 54		Charter	Obj 6412 SO 53		Lodging	Obj 6412 SO 55		Other	Obj 6412		Total		
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Other	Obj 6412																																									
Total																																										
					Amount Adv.																																					
					Due to Trav/District																																					
Approval Signatures:					Return Travel Settlement Signatures (Complete TEA 1/8/15 Grant Travel Guidance- I certify that the actual costs listed above are true and correct. I understand that I may be required to validate the actual costs with detailed receipts. If actual costs are less than the advanced per diem, the traveler must reimburse the unspent funds to the district with this settlement form. Actual costs that exceed the GSA rates will not be																																					
Sponsor/Coach			Date																																							
Principal/Athletic Director			Date		Sponsor/Coach			Date																																		
District Officer			Date		Principal/Athletic Director			Date																																		

EXHIBIT B

ACKNOWLEDGEMENT OF RESPONSIBILITY AND PERMISSION FOR
STUDENT PARTICIPATION IN SCHOOL-SPONSORED TRIP

I, _____ (*parent*), agree to allow my child,
_____ (*child's name*), to travel with a group or individual associated with the District on the trip(s) indicated below. I understand that while student safety is a high priority for the District, under state law, the school is not responsible for medical costs associated with a student injury.

I expressly waive all claims for medical expenses, loss of services, or other claims, and I agree to indemnify and hold harmless the District, its Board members, employees, and agents from all claims made against it or them on behalf of my child.

I agree to indemnify and hold harmless the District, its Board members, employees, and agents from all claims made by third parties against it or them which result from my child's actions on the trip.

I understand that the District, its Board members, employees, and agents are not waiving any sovereign or governmental immunity which it or they have under Texas law.

I have read and understood this release and sign it voluntarily and with full knowledge of its significance.

This release applies to the trips to be taken by _____ (*group*) to
_____ (*place*) on _____ (*date*);
to _____ (*place*) on _____ (*date*);
and to _____ (*place*) on _____ (*date*).

Parent signature: _____

Date: _____

EXHIBIT C

REQUEST FOR ALTERNATE MEANS OF TRAVEL FOR SCHOOL TRIP

My child, _____ (*name*), needs to go to and/or
return from _____ (*destination of trip*) with
_____ (*adult driver's name*) by _____ (*car, bus,*
other) at _____ (*departure time*).

The reason for this alternate method of travel is _____
_____.

I hereby release and hold harmless the San Felipe Del Rio Consolidated Independent School District, its Board members, employees, and agents from any and all liability in connection with this alternate method of travel for this school trip.

Parent signature: _____

Date: _____

For Office Use Only

Approved

Denied

Reason for denial: _____

Sponsor/Coach _____

Principal/Athletic Director signature: _____

Date: _____

EXHIBIT D

TRANSPORTATION RELEASE FOR OFF-CAMPUS CLASS OR ACTIVITY

Transportation to optional, off-campus activities and courses is the responsibility of the parent and student except as otherwise required by law. This form must be signed and returned to _____ (*name or position*) before the student will be allowed to travel to the off-campus program.

Student's name: _____

Current grade level: _____ Campus: _____

Activity or course: _____

Location of activity or course: _____

Dates/times of activity or course: _____

Parent Release for Transportation:

I authorize my child, _____ (*student name*), to use the following type(s) of transportation to and from the activity listed above:

(*Check all that apply.*)

- My child will use public transportation.
- My child has a valid Texas driver's license and may drive himself/herself in his/her personal vehicle.
- I will provide transportation for my child.
- Other (*please describe*): _____

A student will not be allowed to ride with another student in a personal vehicle unless authorized to do so by the parent of the student driver and the student passenger. If you authorize your child to ride with another student, please indicate the name of the student under "other" above.

If you authorize your child to provide transportation in his or her personal vehicle to another student, please check the box below and indicate the authorized student's name:

- My child has a valid Texas driver's license and may drive himself/herself in his/her personal vehicle and may provide transportation to _____ (*student[s] name*) with permission of this student's parent.

I understand and agree that transportation for my child to and from the optional, off-campus activity or course described above is solely my responsibility.

SAN FELIPE DEL RIO CISD
233901
STUDENT ACTIVITIES
TRAVEL

FMG
(EXHIBIT)

I understand that the District is not responsible for accidents or injuries that occur to students riding in vehicles that are not provided by the District.

Parent signature: _____

Date: _____