

Rules of the Road for Washington, D.C

Students, please initial on each line to indicate that you have read and understand the following:

___ I understand that I am a representative of Chatham Middle School, my family and my community. I will behave respectfully and appropriately at all times.

___ I understand that this is an extension of my regular school day. This is an educational trip and the rules and guidelines in the Chatham Middle School Student Handbook will apply to my behavior and clothing.

___ I will follow the CMS dress code and will wear the t-shirts provided by the school.

___ I understand that there will be NO males in a female hotel room and NO females in a male hotel room. I understand that if I break this rule, my parents will be called and I will be sent home.

___ I will follow the curfew and lights out time established by my school. I will respect my roommate's space and belongings. I will respect hotel property.

___ I will stay with my chaperone and small group at all times. I will not change groups or join another group without obtaining permission from my teacher.

___ I will be on time to meals, to bus check-ins and to group meetings at the hotel.

___ I understand that I will be allowed to carry my cell phone but it may not be used during any tour guide presentation or activity. The cell phone may be used for pictures but may not be used to photograph or videotape anyone without permission.

___ I have read all of the guidelines above and understand the rules and consequences as outlined during the travel meeting.

Student Name (Print) _____

Student Signature _____ Date _____

Parental approval

I understand that if the student does not abide by the EF Explore America tour “Rules of the Road,” the Group Leader will call me and the student may be sent home at my expense. If the student becomes ill or incapacitated, EF Explore America and its employees, and/or the Group Leader, may take any action they deem necessary for the student’s safety and well being, including securing medical treatment and transporting him/her home.

Parent Name (Print) _____

Parent Signature _____ Date _____

Health Insurance information

Insurance Company Name: _____

Policy#: _____ Group#: _____

Policy Holder’s Name: _____

Relationship to Student: _____

Any special instructions regarding submission of insurance: _____
