

**Reciprocal Chaperoning Agreement for Overnight Travel**

Listed below are the expectations agreed upon by the Teachers/Advisors of the following schools:

School Name: \_\_\_\_\_ Teacher/Advisor Name: \_\_\_\_\_

School Name: \_\_\_\_\_ Teacher/Advisor Name: \_\_\_\_\_

Will be attending the \_\_\_\_\_ conference/contest,

to be held at \_\_\_\_\_ (location)

on the following dates: \_\_\_\_\_ (from) \_\_\_\_\_ (to)

As a student advisor and a certified teacher, I recognize the importance of communicating with the teacher/advisor who has agreed to this Reciprocal Chaperoning Agreement form so that together we follow the requirements listed below:

1. It is required that both teacher/advisor and their students stay in the same hotel.
2. The teacher/advisor will, upon arrival, introduce the joint teacher/advisor to his/her students and inform the students that the T teacher/advisor is a designated chaperone for the group.
3. The teacher/advisor agree to communicate throughout the conference.
4. The teacher/advisor agree to jointly enforce the organization’s “Code of Conduct” and ensure that students follow the designated curfew times by being in their assigned rooms, staying in their assigned rooms, and not allowing other students in their rooms.

By signing this agreement, I verify that I am a certified teacher and student advisor in good standing that has successfully completed all background/fingerprinting checks as required by the State of Oregon. Also, I agree to abide by the requirements listed above in this joint chaperoning effort.

\_\_\_\_\_  
Teacher/Advisor Signature

\_\_\_\_\_  
Date

**To be completed by the district administrator.**

Teacher/Advisor Name: \_\_\_\_\_

I verify that as of \_\_\_\_\_ (date) the above-named teacher/advisor is a certified staff and student advisor in good standing that has successfully completed all background/fingerprinting checks as required by the State of Oregon.

\_\_\_\_\_  
District Administrator Signature

\_\_\_\_\_  
Date

**To be completed by Student & Parent/Guardian**

I have read the above Reciprocal Chaperoning Agreement for Overnight Travel and agree that both of the above- noted teachers/advisors will serve as joint chaperones.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date