



École Secondaire Joliette High School

107, rue Delorimier, Joliette (Québec) J6E 6E8 • Tel: (450) 755-1556 Fax: (450) 755-3089

NEW YORK CITY 2014 REGISTRATION FORM

To be completed by the student's parent or legal guardian. Please print.

School: Joliette High School

Student's name: _____

Name of parent(s) or legal guardian(s): _____

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Email of parent(s) or legal guardian(s): _____

Date of Trip: Thursday, May 1st – Saturday, May 3rd, 2014

Destination: New York City, New York, United-States

IMPORTANT:

1. All checks must be payable to **Joliette High School**.
2. Please indicate the student's name on the back of each check.

As the parent or legal guardian of _____, I request that he/she
student's name

be allowed to take part in the trip to New York City and accept the following rules:

No consumption or possession of drugs or alcohol is permitted. No form of alcohol will be tolerated at any time. Any student who fails to comply with these rules or who causes disciplinary problems will be sent home at the expense of the parent or legal guardian. Furthermore, the cost of the trip or any other costs associated with it will not be reimbursed.

Signed on ____/____/20____, in _____, in the province of Quebec.
mm dd yy city

Signature of parent or legal guardian



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NEW YORK CITY 2014 STUDENT – PARENT CONTRACT

BASIC CONTRACT

A great deal of organization and planning has gone into this trip whose purpose is to discover and learn about a new place, and to have a great time in doing so. This opportunity for education and fun should not be compromised by the actions or behaviour of students who are incapable or who simply refuse to comply with the basic rules and/or fail to act appropriately.

The teachers accompanying you on this trip have volunteered to put aside their family and private lives for a few days to partake in this exceptional experience with you. They do not want have to deal with disciplinary problems. The participants in this trip must cooperate and respect the rules determined by the chaperones.

Participation in this activity is a privilege, not a right. There are certain criteria, which must be respected in order to guarantee your right to participate.

Any student may apply to participate in the trip; however, anyone who has serious disciplinary issues will be not be allowed to participate. Any approved student whose behaviour significantly diminishes before the departure date will be removed from the trip. No student will be authorized to participate in this activity without the approval of teachers and the principal. Students who have not paid their school fees are also prohibited. During the trip, any student who fails to comply with the zero tolerance policy regarding consumption or possession of any form of drugs or alcohol or who causes disciplinary problems will be sent home at the expense (travel costs, cell phone expenses, etc.)of the parent(s) or legal guardian(s). Furthermore, the cost of the trip or any other costs associated with it will not be reimbursed.

STUDENT SECTION

I wish to make a formal request to participate in the educational trip to New York City. I understand that without the approval of my teachers and principal, I will not be authorized to participate in this activity. I agree to attend any and all meetings in preparation for the trip and to complete any tasks required of me in order to achieve this goal. I also accept and understand that I am responsible for my behaviour before and during the trip. If my behaviour is deemed to be inappropriate, I will be sent home at the expense of my parent(s) or legal guardian(s).

Student's name (printed please)

Student's signature

mm/dd/yy

PARENT (S) OR LEGAL GUARDIAN'S SECTION

I understand the nature of this educational trip as well as the necessity that my child cooperate and behave appropriately with other students and the chaperones. Under exceptional circumstances, which may occur far from home, I will accept the chaperones' evaluation of my child's behaviour and understand that, if it is deemed that he/she has behaved inappropriately, he/she will be sent home at my expense.

Parent's name (printed please)

Parent's signature

mm/dd/yy