EXTENDED FOREIGN STUDY PROGRAM TRIPS

Foreign study trips designed to stimulate student interest and inquiry and to provide opportunities for growth and development are considered appropriate extensions of the classroom. Such trips will be designed to provide effective means for accomplishing curriculum objectives.

To be educationally beneficial, a foreign study trip requires thoughtful selection, careful advance preparation of the students participating and opportunities for pupils to assimilate the experience during and at the conclusion of the trip. The following items should be considered in the development of foreign study trips: mandatory instruction preparing students for the foreign study experience, provision for student exposed to the most important cultural historical aspects of the target culture, inclusion of a family home stay whenever possible.

The intended learning outcomes of foreign study programs should be carefully defined in advance of the trip itself. To this end, and in order to facilitate planning, requests for foreign study trips will be submitted to the building principal by September 30 of each school year, or 180 days prior to the trip, whichever is earlier. The Foreign Language Supervisor will forward to the Superintendent a list of foreign study trips recommended for approval by October 15 of each school year, or 165 days prior to the trip, whichever is earlier. The specific itinerary along with all additional information is to be forwarded to the Superintendent at least ninety (90) days prior to departure.

Participation in Foreign Study Program Trips

Participation in such trips is a privilege, and shall be allowed upon the following qualifications:

1. Successful completion of Level II language of the country to be visited.
2. Serious interest in learning about another culture as determined exclusively by appropriate school District personnel.
3. Student agreement to all rules and regulations stipulated in policy statement.
4. Demonstrated good conduct in school as determined exclusively by appropriate school district personnel.
5. Parental agreement to Code of Conduct for students.
6. Student attendance at all meeting dealing with foreign study program.
7. Agreement to make up all work missed as a result of foreign study program. No trip shall result in missing in excess of five (5) school days.
8. Parental signature on medical release form.
9. Physical ability and emotional maturity to fulfill requirements as outlined in itinerary as determined exclusively by appropriate school district personnel.

**Supervision of Foreign Study Trips**

1. Chaperones will be assigned on the following basis:

<table>
<thead>
<tr>
<th>Number of Participants</th>
<th>Number of Chaperones</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 7</td>
<td>1</td>
</tr>
<tr>
<td>8 – 14</td>
<td>2</td>
</tr>
<tr>
<td>15 – 21</td>
<td>3</td>
</tr>
<tr>
<td>22 – 28</td>
<td>4</td>
</tr>
</tbody>
</table>

2. Chaperones will be approved by the South Colonie Central School District.

3. Chaperones will be capable of conversing in the language of the target country.

**Chaperone Responsibilities**

1. To be available to help students at all times.

2. To provide for a well-organized sequence of cultural experience.

3. To meet with parents and students to present information about trips.

4. To prepare students for foreign travel by organizing a series of meetings dealing with language and culture.

5. To advise parents of violations of rules.

6. To enforce all rules and act “in loco parentis” regarding any decisions involving the actions of students in their charge.

7. To return, at parent expense, all students who seriously violate rules. Serious violations include:
   a. possession of or use of any illegal drug or drugs,
   b. staying out beyond such time as may be established by the chaperone(s),
   c. drinking excessively, and
   d. repeated violations of any other rule.

8. To take such other action as may in the judgment of the chaperone(s) be necessary or appropriate for the well-being of the students and the safe, successful completion of the trip.
Medical Emergencies

Procedures to be followed in the event of a medical emergency:

1. Always follow the medical advice of a licensed physician.

2. Inform parents or legal guardian, via phone call. If parents or legal guardian are contacted, they will assume decision-making responsibilities concerning medical procedure to be followed.

3. If parents cannot be contacted, and if the attending physician recommends immediate medical action such as surgery, it will be authorized by chaperone or chaperones, if delay, in attending physician's opinion, would jeopardize the life of a child.

4. Always, when in the opinion of the attending physician time allows for communication with parents prior to implementing a medical procedure, a phone call will be made to parent or legal guardian.

Insurance

Participants in foreign study trips must purchase liability insurance. This is mandated by the South Colonie Central School District and is to be included in the price of the trip. Minimum coverage is to include $500,000 bodily injury per occurrence and $50,000 property damage per occurrence. Optional insurance, such as life, accident, health, baggage, etc., is not obligatory and is not included in the price of the itinerary. The District shall be named as an additional insured on all such policies.

Rules and Regulations

1. Students must agree to follow chaperones’ instructions.

2. Curfews will be observed every evening. Curfews mean in the hotel or room according to the wishes of the chaperones.

3. Boys will not be allowed in girls’ rooms, and vice versa, without adult chaperones.

4. Bed checks at curfew will be routine.

5. Drinking of alcoholic beverages is to be forbidden no matter the age. If alcoholic beverages are part of certain meals as per the custom of the country, this will be permitted with parental or chaperone permission.

6. Drugs of any kind are forbidden. If the student is under medical care, the doctor must note the medication and its use. This note will be given to the chaperones. The medication will be defined in such terms as to make its purchase in a foreign country possible.
7. If you use illegal narcotics, or even think you might require them while overseas, do one thing – STAY HOME! Foreign police and courts see such narcotics in the same light as treason. Sentences are long and the jails grim. Again, do yourself, your parents, and chaperones a favor by staying home. If you take legitimate medication, be sure you carry it in the original container with label attached.

8. Local citizens in foreign countries of the opposite gender will not be invited into the hotel rooms where the students are staying without prior permission from the chaperone.

9. When a free evening is scheduled and the youngsters are allowed to get out and mingle with the local people, they will be accompanied by a chaperone.

10. Students must be present at all meals. This is the time when all are together and changes in plans, departure times, etc., are announced.

11. Youngsters shall acknowledge that serious violation of any of the rules will mean they are to return to the United States at their parents’ expense. Parents will be expected to wire the money to the chaperone in charge.

12. If, for any reason, and at the discretion of the chaperone in charge, a search of students’ luggage is deemed necessary, this procedure will be carried out.

We have read the South Colonie Central School Districtg Rules and Regulations regarding Extended Foreign Study Trips and agree to abide by these Rules and Regulations.

Destination of Foreign Study Trip: ____________________________________________

Date of Trip: ______________________________________________________________

Parent Signature: __________________________________________________________

Student Signature: _________________________________________________________

Notary Public

Date
PHYSICIAN’S REPORT

Form required for extended trips (3 days or longer) out of the country.

Name of Participant: ____________________________________________________________

In emergency, notify this person: _________________________________________________

Relationship to Participant: ___________________  Telephone: ______________________

Telephone during work day: ___________________  Extension No. ________________

Does this person have:

☐ motion sickness  ☐ fear of water  ☐ fear of height
☐ claustrophobia  ☐ fainting spells  ☐ epilepsy
☐ diabetes  ☐ enuresis

Please note any allergies: _______________________________________________________

Prescription for glasses if worn regularly:  OD: ___________  OS: ___________

Are there any restrictions regarding physical exercise:  ☐ Yes  ☐ No
(If yes, please note): ________________________________________________________

Does this person have any dietary restrictions? ________________________________

Does this person have any communicable diseases? ____________________________

After careful examination, do find any reason, either physical or emotional, why this person should not travel abroad and engage in a strenuous program of travel? ________________________________

Name of Physician __________________________________  Date of Examination __________________________

Signature of Physician ______________________________________________________
MEDICAL RELEASE

We do hereby authorize the group director, or director’s designee, of our child’s group of to act on our behalf in the best interest of our child, ___________________________, while on tour with _____________________________ School.

Specifically, we authorize the group director, or director’s designee, to use his/her best judgment in any urgent medical situation, and we grant him/her the right to give permission for emergency surgery or other medical treatment requiring such parental consent.

It is understood that, when possible, we will be notified and consulted should an emergency situation arise involving our child. In no case will good medical care be jeopardized by delay in communication.

Date: __________________________________________

Signatures of Both Parents or Legal Guardian:

______________________________  ______________________________
Signature                   Relationship

______________________________  ______________________________
Signature                   Relationship

______________________________  ______________________________
Notary Public               Date