



**Kenosha Unified
School District**

Non-Employee Chaperone Policy Acknowledgment

By acting as a chaperone, I, _____ understand and expressly agree that:

- A. I will abide by the provisions of the Kenosha Unified School District Chaperone Requirements & Expectations Policy;
- B. During my time as a chaperone, I understand and agree I am subject to all board policies and district policies and procedures; and
- C. A failure to follow the provisions of the Kenosha Unified School District Chaperone Requirements & Expectations Policy and all other applicable district policies and procedures will result in having my services for the trip terminated immediately.

Chaperone name: _____

Signature: _____

Date: _____