

REQUIRED DOCUMENTATION:

- School board minutes (please attach)
- Finance reports (please attach)
- Dashboard is clear of errors
- Conflict of Interest form (attached, one per board member)
- Principal's Supplementary Opening Report (please attach)

REMINDERS:

- Schedule and record safety drills in accordance with Education Code A27-108. Copy of annual safety drills will be due to the Office of Education with Administrative Report #10.
- Out of the Union trip requests are due for Board of Education approval. (Attached - Only if needed)
- ANYONE with regular access to students MUST have Criminal History Record Clearance BEOFRE working on campus.
- Confirm that teachers are using NAD approved curriculum.
- Check when the Department of Health immunization verification is due. (Only if qualifies)
- Assure proper supervision of students before, during and after school hours.
- Regularly inspect grounds for safety, including play and common areas.
- Plan school-wide professional development for faculty and staff.
- Review Education Code standards for transportation of students for off-campus activities and tours. It is recommended that drivers have at least \$100,000/\$300,000 medical liability insurance.
- Notify the Office of Education of any major calendar changes.

Principal's Supplementary Opening Report

School _____

School Board Meeting Schedule _____ Time _____

School Board Chair _____ Telephone _____

Address _____

School Treasurer _____ Telephone _____

Address _____

Home and School Leader _____ Telephone _____

Address _____

Schedule of Current Charges

	Non-SDA	SDA	Other
Tuition	\$ _____	\$ _____	\$ _____
Registration Fee	\$ _____	\$ _____	\$ _____
Comprehension Fee	\$ _____	\$ _____	\$ _____
Technology Fee	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____

Description of Current Discounts

Multi-child _____

Prepaid Tuition _____

Other _____

Other _____

Conflict of Interest Statement

In accordance with stated principles prohibiting any conflict of interest by trustees, officers, employees and members of governing boards of organizations and institutions of the Nevada-Utah Conference of Seventh-day Adventists, as recited in the General Conference Working Policy and policies adopted by the Nevada-Utah Conference, the undersigned hereby declares that he or she shall:

1. Deal with all persons doing business with the organization on a basis that is for the best interest of the organization without favor or preference to third persons or personal considerations.
2. Consider only the very best interests of the organization and faithfully follow the established policies of the organization.
3. Not accept or seek any gratuity, favor, benefit, loan, or gift of greater than nominal value beyond the common courtesies usually associated with accepted business practice.
4. Not use the position held by the undersigned, nor any confidential information acquired through or from the organization for any personal profit or advantage, direct or indirect.
5. Not retain or acquire any interest in other organizations or entities doing or contemplating doing any business with the organization.
6. Promptly report any present or potential conflict of interest the signer may have to the chairman of the governing board of the organization.
7. Refrain from voting on any action in which the governing board proposes to vote on in which the signer may have a potential conflict of interest.

Executed on _____ at _____
(Date) (Place)

Name _____
(Please Print)

Signature: _____

Out of the Union: Approval Conditions Checklist

Use this checklist as a guideline for planning and return it to the Office of Education with Administrative Report #1.

School _____

Out of the Union Trip _____ Date(s) _____

Class(es)/Group _____ Number of Students _____

Teacher(s) _____ Cell Phone _____

YES	NO	N/A	RESPONSIBILITY
			Out of the Union: Application and Planner form is approved.
			Faculty / Staff Member Planned Absence & Substitute Request is approved.
			All funds have been received and budget followed.
			Copies of all approved correspondence to parents are attached.
			Parental Permission Forms have been received for each student.
			A list of all students actually going is attached and has been circulated as needed to registrar and all affected teachers.
			Adequate adult supervision is provided. List of sponsors is attached. Student to Adult Ratio _____ : _____
			A First Aid Kit is on hand.
			Copies of Consent to Treatment Forms are on hand.
			All drivers and vehicles are approved per policy. Verification of insurance and volunteer vehicle registration is on file in the school office. Drivers: _____ _____ _____ _____ _____ _____ _____

Out of the Union: Permission Form

PERMISSION

By signing below, I hereby give permission for my child, named below, to participate in the following:

School Name _____

Trip Destination _____ Date(s) _____

I understand that supervisors will accompany the students. I further understand that my child's participation in the activity is strictly voluntary and done so at my discretion.

In the event of sudden illness or accident requiring attention, I hereby authorize, by signing below, the above named school and supervisor(s) to administer first aid, and if necessary, take my child for emergency treatment to any qualified emergency care center.

Any special medical needs? No Yes, please list _____

PARTICIPANT'S DUTY OF PROPER CONDUCT

My child and I agree that my child's participation in this activity may be terminated for behaviors and/or actions not in accordance with applicable regulations of conduct, and/or for any acts of conduct deemed by the supervisor(s) and/or chaperone(s) to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the trip as a whole. If the participation of my child is terminated, only the funds, if any, not actually used will be refunded and my child may be sent home at my expense.

LIABILITY WAIVER

This permission slip incorporates by reference, and brings into full effect, the terms of the "Release of Liability and Assumption of the Risk" agreement on file with the school. It is further warranted that if this Permission Slip is signed by one of two parents/guardians, it is granting the authority of the other.

Print Student Name _____ Cell Phone _____

Student Signature _____

Parent/Guardian Name _____ Cell Phone _____

Parent/Guardian Signature _____

Parent/Guardian Name _____ Cell Phone _____

Parent/Guardian Signature _____

A copy of the student's "Emergency Information and Authorized Release" form will be brought on this trip.