

\_\_\_\_\_  
Date received by ONSC

District \_\_\_\_\_

School \_\_\_\_\_

Teacher Name \_\_\_\_\_

Program date(s) \_\_\_\_\_

**Student Information**

Student Name \_\_\_\_\_

Parent/Guardian(s) Name \_\_\_\_\_

Email \_\_\_\_\_

Phone #'s \_\_\_\_\_

Circumstances surrounding student which necessitates a dedicated adult chaperone (Please be specific in regard to medical conditions, behavioral or special needs): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Chaperone Information**

Full Name \_\_\_\_\_

Relation to student \_\_\_\_\_

Email \_\_\_\_\_

Phone # \_\_\_\_\_

Qualifications \_\_\_\_\_

\_\_\_\_\_

For cost waiver consideration, submit one form (per additional adult) to ONSC at least **TWO WEEKS PRIOR TO YOUR PROGRAM**. Schools bringing additional chaperones without an approved chaperone cost waiver form, will incur full program costs for each extra adult.

**Reviewed by**

\_\_\_\_\_

Approved      Denied