FIELD TRIP REQUEST PACKET

The following packet includes documents for requesting, managing and planning field trips. Not all forms are required for all trips. The following list breaks out the forms in this packet as mandatory for approval and as needed. If you have questions or need assistance, please contact the District Office.

Mandatory for Approval:

- 1. Field Trip Request Form
- 2. Student Participation Form (permission slip)
- 3. Transportation Department Field Trip Request Form

As Needed:

- 1. Volunteer Participation in Field Trip/Activity Form (adult permission slip)
- Check/Payment Request for Field Trip Expenses
- 3. Study Trip/Field Trip Attendance List*
- 4. Field Trip-Itinerary/Educational Value
- 5. Money Collection Procedures

*#3 on the as needed list is mandatory for Overnight Field Trips

Revised: 03.15.2022

TWAIN HARTE SCHOOL FIELD TRIP REQUEST FORM

Day trips must be approved no later than the 2^{nd} Tuesday of the prior month. Overnight trips must be approved by the board, paperwork is due at least 1 month prior to the trip.

Trip Date(s):				# of Adults:		
						Trip Destination:
Address:						
Name of Contact:			ntact Phone/Email: _			
Teacher(s) Accompanying Gr	oup:	Other Adult(s) Accompanying Group:				
ESTIMATED COST OF TRIP						
Entrance/Tickets/Fees			# of participants		+	
Transportation	*Cost per Bus \$	X	# of Buses	Total	+	
Additional Costs				Total	+	
Donations				Total	-	
			Estimated Total Cost	\$		
*Get cost from the calculations on FUNDING Circle Funding Type: Field T CAFETERIA Lunches Needed(X): No	rip Account Scl	hool Spe		Other:tor with dates and qua		
TRANSPORTATION Circle Transportation Type: *Please see office for forms	*Private Car Scho	ool Vehi	icle School Bus	# of Buses Needed:		
SUBSTITUTES Circle Substitute Needed: Y	es No If Yes: #	of paid	class periods	4-		
APPROVAL SIGNATURES	3					
Lead Teacher	Date		Principal		Date	
Superintendent						

Twain Harte School District

Student Participation District-Sponsored Voluntary Study Trip Parental Permission, Assumption of Risk and Medical Treatment Authorization

Date:		
Student's Name:following field trip:		has permission to participate in the
Departure Date: Return Date	: Departure Time:	Return Time:
Staff in Charge:	Position:	Contact:
Destination of Study Trip:		
Special Instructions:(e.g., b	oring lunch water bottle spending mon	ev)
		~ <i>)</i>
Circle One: No Lunch Students w	ill need a lunch	
Circle One if lunch is needed, my student will:	Bring Lunch Order Cafeter	ria Lunch Other:
Circle Type of Transportation: District	Bus/Vehicle Walking	Other:
Health or special needs: Check as appropria My student has no special health need My student has a special need, and ins Other: (Inhalers need a doctor's permit In the event of illness or injury, I do hereby conset reatment and hospital care and emergency transpoor dentist and preformed under the supervision of services. I acknowledge that it will be my responsible. I fully understand that participants are to abide by	Is the staff should be aware of, a structions are attached. Number ission slip.) please attach any insum to whatever x-ray examination, relation considered necessary in the a member of the medical staff of to bility to pay for such medical/dental vall rules and regulations governing	structions and/or explanations. anesthetic, medical, surgical or dental diagnosis or best judgment of the attending physician, surgeon, the hospital or facility furnishing medical or dental a services.
California Education Code Section 35330, I agree employees, harmless from any and all liability or activity. This waiver shall not apply to any occurre	to waive all claims against the Ty claims, which may arise out of or	wain Harte School District, its officers, agents and in connection with my child's participation in this
Parent/Guardian Signature	Student's Signature	Work Phone:
Parent/Guardian Name (Please Print)	Student's Date of Birth	
Family Medical Insurance Carrier:	Polic	cy Number:
In the event of an emergency, please contact	:	
		Cell/Home Phone:
Name	Relationship to Student	Work Phone:

Twain Harte School District Transportation Department Field Trip Request

Trip requests must be submitted to the Transportation office at least 12 days in prior to the date of the trip. We recommend that requests be submitted as early as possible to secure a bus and driver for your trip as they will be scheduled on a first come, first served basis.

Date of Request:	-	T	rip Date(s):			
Teacher(s):	Feacher(s): Grade(s):					**************************************
Destination:		In County () Out of County()				
# of Students:	# of	Adults	3:	-	Fotal o	n Trip:
Departure From:(gym,	bus turnaround)					
	Time			AM	PM	circle one
Expected Return To:(g	ivm bus turnaround)					
Expedited Notall 10.(g	Time			AM	PM	Circle one
Additional Stops		L	ocation	Т	ime	Duration
	Stop 1					
	Stop 2					
	Stop 3					
Type of transportation	requested, circle on	e: Sc	hool Bus	Priva	ate Cai	School Vehicle*
Round Trip () Number of Buses:		Only	()			Return Only ()
To determine estimate and hours. This is just a	ed bus cost: Put the can estimate, the final in	lestina nvoice	ation address i will reflect act	n Google ual time	maps and mi	to get estimated Miles leage.
Estimated Miles*	mile	s X	\$1.50	***		total +
Estimated Hours	hour		\$20.00			total +
			1	bus esti	mate	
· 1	1 bus estimate X	2 Ec	uals 1 bus roun	d trip estir	nate	
*for school vehicle calc	ulate miles cost only					
If you taking more than located on the initial fiel						
Transportation Approve			N OFFICE US			D 4.
Transportation Approva	Date.	iverار	***************************************			Bus#:
Ending Mileage			f	Return Ti	me	
Beginning Mileage			[Departure	e Time	
Total Mileage			٦	Fotal Tim	е	
Other Costs Parking	Food			Tolls		Other

Required safety instructions on back of this form.

Submit form to the transportation office at least 12 days prior to the trip for scheduling.

Twain Harte School District

SAFETY INSTRUCTIONS FOR ACTIVITY TRIPS

Introduce yourself, the bus number you are on, and indicate that you are going to give instructions in case of an emergency.

INSTRUCTIONS TO PASSENGERS:

- 1. Always listen carefully and follow the driver's instructions.
- 2. Remain calm and stay in your seat.
- 3. Do not block the aisles or exit doors.
- 4. When leaving the bus wait your turn.
- 5. Walk, do not run.
- **6.** Never push or shove other people.
- 7. Personal items must stay on the bus.
- **8.** People sitting near the emergency exits may need to help other people get off the bus.
- 9. Everyone will follow the first person off of the bus to a safe place (at least 30 giant steps away from the bus and out of the road).
- 10. Everyone will wait quietly until further instructions are given.
- 11. These procedures will be followed even if the driver is not capable of giving directions because he/she is injured.

POINT OUT SPECIAL EQUIPMENT ON THE BUS:

- 1. All emergency exits, including entrance door emergency operation.
- 2. Location and use of emergency equipment.
- **3.** Two-way radio use.

Safety instructions provided by:			
	Signature	Date	Time

TWAIN HARTE SCHOOL DISTRICT VOLUNTEER PARTICIPATION IN FIELD TRIP/ACTIVITY

ASSUMPTION OF RISK AND MEDICAL TREATMENT AUTHORIZATION

		Field Trip/Activity:			
(please print	t)				
Purpose of Your Attend	ance	(Chaperone, etc.)			
Departure Date:	Time:	Return Date:	Time:		
ransportation, circle o	ne: School Bus/Ve	ehicle Walking	Other:		
urgical diagnosis and/curgeon as deemed necesponsibility of the pars stated in the California sofficers, agents and empty child's or my participal	or treatment, emerge essary for my safety ticipant. Education Code Section ployees harmless from tion in this activity.	consent to whatever x- ency transportation and and welfare. It is under on 35330, I understand that any and all liability or cla	hospital care from stood that the res at I hold Twain Hard ims which may aris	n a licensed physicia sulting expenses will te School District, e out of or in connection	n and/or be the on with
uny understand that puring this trip.	participants are to a	bide by all Twain Harte	School rules and	regulations governi	ng conduct
		Cell/Home:		Work:	
gnature	Date	e			
ddress:					
ddress: Street		City		State	Zip Code
Street		City	Policy#:	State	Zip Code
Street ealth Insurance Compa	any:	City	•		Zip Code
Street ealth Insurance Compa	any:	City	•		Zip Code
Street ealth Insurance Compa there are any special	any:	City 	•		Zip Code
Street ealth Insurance Compa there are any special in the event of illness of	any:	City 	•	eet.	
ealth Insurance Compa	any:	City 	nation to this sh		
Street ealth Insurance Compa there are any special in the event of illness of	any: medical instructions r accident, please no	City s, please attach an exploatify: Relationship to Vo	nation to this sh	cet. Cell/Home Phone:	

Check/Payment Request for Field Trip Expenses

To request a check, pre-paid, or possibly take a school credit card for entrance fees/expenses, fill out and submit this form to the District Office.

This request must be made 14 days prior to your trip date to guarantee payment is ready by your trip date. Please have the Superintendent/Principal sign the request before submitting to the District Office.

Circle One:	Check	pre-paid	school credit card	Vendor Will Invoice
Requested by	/ :		Trip:	Date:
Reason for Re	equest: <u>(entran</u>	ce fees, parking, ticke	ets)	
For Check:				
Remit to:			Amo	unt of Check:
Remit Address				
):		
		Name	Phor	ne/email
For Pre-paym	ent:			
Payment Cont	act:			
	Name		Phone/email	
Amount of Pay	yment:	C	Other (# of tickets, students, a	dults, parking):
For School Cre	edit Card:			
			Estimated Charges	Si
Last 4-digits of	f approved car	·d:	Actual Charges:	
		card and this forn the District Offic		ed) totaling the actual charges
For Vendor Inv	voice:			
nvoice from: _			Expected Invoice	e Amount:
Superintenden	nt Approval:		Date	: :
Account:				

STUDY TRIP/FIELD TRIP ATTENDANCE LIST

Please fill in or attached a copy of the Class Roster(s).

	List of Students:		List of Volunteers:
1.		1.	
2		2.	
3		3.	
4		4.	
5			
6		6.	
7			
8		8.	
9		9.	
10			
11			
12		•	
13		•	
14		•	
15		•	
16		•	
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			

FIELD TRIP- ITINERARY/ EDUCATIONAL VALUE

iefly describe the educational objectives, instructional activities and any related content that students will discuss/learn with regards to this trip.				
NERARY-I	f applicable Location:	A ativity.		
Time.	Location.	Activity:		

MONEY COLLECTION PROCEDURES

If you are collecting donations/payments for your trip please use the form below to track any money collected.

Once you have collected all funds:

- 1. Count the cash and total the checks, make sure it balances to your list
- 2. Keep a copy of the list for your records
- 3. Bring the original list, and the money (in an envelope please) to the District Office for deposit

Teacher Name: _____ Trip Name: ____ Trip Date:

If a Student needs a refund; please send the District Office a request in writing with the following: Which Trip, Student Name, Person Receiving the Refund Name, Where the refund should be sent and the amount of the refund.

FIELD TRIP DONATIONS

	Date	Student Name	Cash/Check#	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
			Total	