

# 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)
2. 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



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

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ has permission to participate in the following field trip:

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Staff in Charge: \_\_\_\_\_ Position: \_\_\_\_\_ Contact: \_\_\_\_\_

Destination of Study Trip: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
(e.g., bring lunch, water bottle, spending money)

**Circle One:**    No Lunch                  Students will need a lunch

**Circle One if lunch is needed, my student will:**    Bring Lunch    Order Cafeteria Lunch    Other: \_\_\_\_\_

**Circle Type of Transportation:**    District Bus/Vehicle    Walking    Other: \_\_\_\_\_

**Health or special needs: Check as appropriate.**

\_\_\_\_\_ My student has no special health needs the staff should be aware of, and no medication is required on the trip.

\_\_\_\_\_ My student has a special need, and instructions are attached. Number of pages: \_\_\_\_\_

\_\_\_\_\_ Other: (Inhalers need a doctor's permission slip.) please attach any instructions and/or explanations.

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I acknowledge that it will be my responsibility to pay for such medical/dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. As provided for in the California Education Code Section 35330, I agree to waive all claims against the Twain Harte School District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of negligence of the District, its employees or agents.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student's Signature

Cell/Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Student's Date of Birth

Family Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**In the event of an emergency, please contact:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Student

Cell/Home Phone: \_\_\_\_\_

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: \_\_\_\_\_ Trip Date(s): \_\_\_\_\_

Teacher(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_

Destination: \_\_\_\_\_ In County ( ) Out of County ( )

# of Students: \_\_\_\_\_ # of Adults: \_\_\_\_\_ Total on Trip: \_\_\_\_\_

Departure From:(gym, bus turnaround)				
Time		AM	PM	circle one
Expected Return To:(gym, bus turnaround)				
Time		AM	PM	Circle one
Additional Stops	Location	Time	Duration	
Stop 1				
Stop 2				
Stop 3				

**Type of transportation requested**, circle one: School Bus      Private Car      School Vehicle\*

Round Trip ( )      Out Only ( )      Return Only ( )

Number of Buses: \_\_\_\_\_

**To determine estimated bus cost:** Put the destination address in Google maps to get estimated Miles and hours. This is just an estimate, the final invoice will reflect actual time and mileage.

Estimated Miles*	miles	X \$1.50		total	+
Estimated Hours	hours	X \$20.00		total	+
			1 bus estimate	=	
Round Trip	1 bus estimate	X 2	Equals 1 bus round trip estimate		=

\*for school vehicle calculate miles cost only

If you taking more than one bus you will include the number of buses in the estimated cost of trip table located on the initial field trip request form under estimated cost of trip –transportation.

### TRANSPORTATION OFFICE USE ONLY

Transportation Approval Date: \_\_\_\_\_ Driver: \_\_\_\_\_ Bus#: \_\_\_\_\_

Ending Mileage \_\_\_\_\_ Return Time \_\_\_\_\_

Beginning Mileage \_\_\_\_\_ Departure Time \_\_\_\_\_

Total Mileage \_\_\_\_\_ Total Time \_\_\_\_\_

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*



## 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 Request: (entrance fees, parking, tickets) \_\_\_\_\_

### **For Check:**

Remit to: \_\_\_\_\_ Amount of Check: \_\_\_\_\_

Remit Address: \_\_\_\_\_

Contact (for payment questions): \_\_\_\_\_  
Name Phone/email

### **For Pre-payment:**

Payment Contact: \_\_\_\_\_  
Name Phone/email

Amount of Payment: \_\_\_\_\_ Other (# of tickets, students, adults, parking): \_\_\_\_\_

### **For School Credit Card:**

Card holder's approval: \_\_\_\_\_ Estimated Charges: \_\_\_\_\_

Last 4-digits of approved card: \_\_\_\_\_ Actual Charges: \_\_\_\_\_

**Immediately after trip:** the card and this form with all receipts(attached) totaling the actual charges amount must be returned to the District Office

### **For Vendor Invoice:**

Invoice from: \_\_\_\_\_ Expected Invoice Amount: \_\_\_\_\_

Superintendent Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Account: \_\_\_\_\_

# STUDY TRIP/FIELD TRIP ATTENDANCE LIST

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

## List of Students:

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. \_\_\_\_\_
26. \_\_\_\_\_
27. \_\_\_\_\_
28. \_\_\_\_\_
29. \_\_\_\_\_
30. \_\_\_\_\_

## List of Volunteers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_





## 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

*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

Teacher Name: \_\_\_\_\_ Trip Name: \_\_\_\_\_ Trip Date: \_\_\_\_\_

	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	