

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
FIELD TRIP REQUEST FORM**

Day trips must be approved no later than the 2nd 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): _____ Departure Time: _____ Return Time: _____

Grades/Group: _____ # of Students: _____ # of Adults: _____

Trip Destination: _____

Address: _____

Name of Contact: _____ Contact Phone/Email: _____

Teacher(s) Accompanying Group: _____ Other Adult(s) Accompanying Group: _____

ESTIMATED COST OF TRIP

Entrance/Tickets/Fees	Cost per \$ _____ X	# of participants _____	Total	+
Transportation	*Cost per Bus \$ _____ X	# of Buses _____	Total	+
Additional Costs			Total	+
Donations			Total	-
		Estimated Total Cost	\$	

*Get cost from the calculations on the transportation field trip sheet

FUNDING

Circle Funding Type: Field Trip Account School Specific Fund Other: _____

CAFETERIA

Lunches Needed(X): No _____ Yes _____ If Yes: Contact Cafeteria Coordinator with dates and quantities as soon as available

TRANSPORTATION

Circle Transportation Type: *Private Car School Vehicle School Bus # of Buses Needed: _____

*Please see office for forms

SUBSTITUTES

Circle Substitute Needed: Yes No If Yes: # of paid class periods _____

APPROVAL SIGNATURES

Lead Teacher Date Principal Date

Superintendent Date

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 preformed 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.

Trip Date(s): _____ Lunches Needed, circle one: YES NO

Teacher(s): _____ Grade(s): _____

Address: _____

of Students: _____ # of Adults: _____ Total on Trip: _____

Departure From:(gym, bus turnaround)		circle one	
Time		AM PM	
Expected Return To:(gym, bus turnaround)			
Time		AM PM	
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

Name: _____
(please print)

Field Trip/Activity: _____

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

TB Test Cleared: _____ Fingerprints Cleared (overnight trips): _____

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. _____

Briefly describe the educational objectives, instructional activities and any related content that the students will discuss/learn with regards to this trip.

[illegible]

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:

Keep the collected funds until after your Field Trip. After the trip refund money or check to any student/guardian who did not attend.

Once all refunds for students that did not attend but paid are resolved, submit to the District Office for deposit.

Complete the deposit as follows:

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 you should refund them prior to submitting monies to the District Office.

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				
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