PRINT DOUBLE SIDED!!!

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

Revised: 11.17.26

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. ***All field trips must comply with BP/AR 6153***

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

Circle Lunches Needed: 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 additional liability forms

SUBSTITUTES

Circle Substitute Needed: NO YES If Yes: Attach a completed Leave Request Form

APPROVAL SIGNATURES

_____ _____ _____ _____

Lead Teacher Date Principal Date

_____ _____

Superintendent Date

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): _____

Destination & Address: _____

_____

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

Departure From: (gym, bus turnaround)		Circle one	
Time		AM PM	
Expected Return : (gym, bus turnaround)			
Time		AM PM	
Additional Stops	Location with Physical Address	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* (bus)	miles	X $1.50	total +
Estimated Hours (driver)	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.

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 others 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 due to injuries.

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*

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_____

Twain Harte School District

Student Participation

District-Sponsored Voluntary Study Trip

Parental Permission, Assumption of Risk and Medical Treatment Authorization

Under Education Code section 35330 (d), persons making a School District sponsored field trip or excursion are statutorily deemed to have "waived" all claims against the District arising out of an injury, illness, or death occurring during or by reason of the field trip or excursion.

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. I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/Illnesses that may result from participating in these activities include, but are not limited to, the following: Sprains/strains, Paralysis, Fractured bones, Loss of eyesight, Unconsciousness, Communicable diseases, Head and/or back injuries, Death.

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

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.

_____ _____

Parent/Guardian Signature Print Parent/Guardian Name

Cell/Home Phone: _____ Work Phone: _____

TWAIN HARTE SCHOOL DISTRICT
VOLUNTEER PARTICIPATION IN FIELD TRIP/ACTIVITY
ASSUMPTION OF RISK AND MEDICAL TREATMENT AUTHORIZATION

Name: _____ Field Trip/Activity: _____
(please print)

Purpose of Your Attendance _____(Chaperone, etc.)

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

Transportation, circle one: School Bus/Vehicle Walking Other:_____

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis and/or treatment, emergency transportation and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

As stated in the California Education Code Section 35330, I understand that I hold 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 or my participation in this activity.

I fully understand that participants are to abide by all Twain Harte School rules and regulations governing conduct during this trip.

_____ _____ Cell/Home: _____ Work: _____
Signature Date

Address:_____
Street City State Zip Code

Health Insurance Company: _____ Policy#: _____

If there are any special medical instructions, please attach an explanation to this sheet.

In the event of illness or accident, please notify:

_____ _____ Cell/Home Phone: _____
Name Relationship to Volunteer

Work Phone: _____

To be signed by the Office Manager/Secretary:

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

FIELD TRIP- ITINERARY/ EDUCATIONAL VALUE

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

ITINERARY-If applicable

Time:	Location:	Activity:

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. _____

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: _____

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				
17				
18				
19				
20				
21				
22				
23				
24				
25				
			Total	