



**ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT**

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# Field Trip Procedures and Timelines



**2017-2018**



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

## Field Trip Procedures and Timelines

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# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

## Summary Chart of Field Trip Procedures and Timelines

**School-Sponsored trips require the completion of a number of forms:**

<b>SF-112</b>	General Waiver, Release and Indemnity for Field Trip Form (1 form per student on file at school each year.)
<b>SF-113</b>	School-Sponsored Field Trip Request Form
<b>SF-114</b>	Study Trip Notice and Permission Slips Form
<b>SF-118</b>	Medical Request Form (1 form per student on file at school each year.)
<b>T-302</b>	Transportation Field Trip Request and Charge Authorization
<b>PUR-105</b>	Travel Approval Form
<b>CNS-101</b>	Student Field Trip Bag Lunch Request Form
<b>CNS-102</b>	CNS Field Trip Bag Lunch Request Form (Forms must be completed even when no lunches are required to allow CNS to adjust the amount of food ordered and/or prepared at the school.)
<b>SF-116</b>	Field Trip by Private Vehicle Form
<b>SF-117</b>	Vehicle Assignment List
<b>RM-101</b>	Certificate of Insurance Request Form

**All Field Trip paper work must first be completed and turned in for approval to State & Federal Department 30 days prior to field trip.**

### **Principal's approval**

Make sure ALL forms are completely filled out and completed on time:

- Purpose of trip
- Objectives: CA. Standards that will be learned by attending trip (write out key standards – do not give just the numbers.)
- Cost and Account to be charged

**Field Trips within Santa Clara County only** require the Principal's signature/approval and the required paper work must be on file in State & Federal Programs Office at **least 30 days prior to fieldtrip.**

### **Field Trip outside Santa Clara County and/or ALL overnight trips:**

1. Require the Principal's signature/approval
2. All paperwork must be on file in State & Federal Programs Office by deadline (**see attached calendar**) to ensure Board approval. (30 days before Board meeting date).
3. School will receive notice of approval per Board Meeting Minutes



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

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## GUIDELINES FOR SCHOOL-SPONSORED TRIPS

School-sponsored trips are defined as Educational Trips or Celebratory Trips. All school-sponsored field trips shall conform to the District's Policies and Regulations (BP and AR 6153).

1. All trips must be aligned with the California State Standards.
2. No trips may take place during testing windows.
3. Each class may have a maximum of three field trips per year, except by special arrangement.
4. Students who do not have a written permission slip are not allowed to participate.
5. Educational field trips comprise a part of the curriculum; therefore **students may not be excluded for punitive purposes.**
  - Principals may exclude any student whose presence on the trip poses a safety risk.
  - A teacher of a student in need of close supervision may suggest the parent attend the field trip.
  - Field trips require the full attention of all adult supervisors. Non-student participants, including the children of supervisors/chaperones, are **not** permitted on the field trip.
6. **Trip request forms must be completed and submitted to principal in a timely manner as shown on Field trip Process page 1. Field trips will not be approved if timelines are not met.**
7. When utilizing privately owned vehicles make sure drivers meet all criteria and complete all forms. (PRIVATE VEHICLE DRIVER GUIDELINES pg. 19)
8. When utilizing a bus, see pg. 16
9. **The Board of Trustees must approve all overnight and out of county field trips before the trip date. Principals must submit the completed School-Sponsored Trip Request Form SF-113 (pg.9) to the Director of State & Federal Programs or designee 30 days before the trip.**
10. CELEBRATORY TRIPS
  1. Celebratory trips are defined as end-of-the-year activities for graduating classes. This **one** special trip is exempt from the class limit of three trips per year.
  2. All appropriate field trip forms must be completed and processed in a timely manner.



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

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## Field Trip Approval Deadlines 2017-2018

**All Out-of-County and Overnight Field Trips Request Forms** must be submitted to State & Federal Programs Office to receive Board Approval by the due dates listed below:

<b><i>Board Meeting Date</i></b>	<b><i>State and Federal Programs due date:</i></b>
September 14, 2017	August 14, 2017
October 12, 2017	September 12, 2017
November 09, 2017	October 09, 2017
December 14, 2017	November 14, 2017
January 18, 2018**	December 18, 2017
February 08, 2018**	January 08, 2018
March 08, 2018**	February 08, 2018
April 12, 2018**	March 12, 2018
May 10, 2018**	April 10, 2018
June 14, 2018**	May 14, 2018
<b>Board meetings dates are subject to change.</b>	
<b>**Pending Board approval at December 2017 Board meeting</b>	



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

## Field Trip Checklist

**Forms:** All field trip forms are available on our intranet or from the print shop (in NCR form).

**Teacher:** Complete all necessary forms as indicated following timelines listed below.

**Principal or designee:** Ensure all required forms below are completed, signed, and distributed adhering to timelines.

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

School Name: \_\_\_\_\_

Field Trip Destination: \_\_\_\_\_

Date of Trip: \_\_\_\_\_

### Date when completed or NA (*not applicable*)

\_\_\_\_\_ **SF-112** Waiver, Release and Indemnity Form  
(English and Spanish)

**Must be on file in school office at the beginning of each school year.** If not, complete and file before every field trip date.

\_\_\_\_\_ **Read guidelines for School-Sponsored Field Trip Request Form.**

\_\_\_\_\_ **SF-113** School-Sponsored Field Trip Request Form

Required for **every field trip** including **overnight or out of the county** field trips, walking field trips, music performances, and sports-related trips. Submit to STATE & FEDERAL DEPARTMENT 30 days prior to field trip Date.

\_\_\_\_\_ **SF-114** Study Field Trip and Permission Slip  
(English, Spanish and Vietnamese)

\_\_\_\_\_ **SF-118** Medical Request Form  
(English and Spanish)

\_\_\_\_\_ **Read Field Trip Guidelines for using buses.**

\_\_\_\_\_ **TD-302** Transportation Trip Request & Charge  
Authorization Form

Form must be completed **regardless of mode of transportation**: Submit to TRANSPORTATION DEPARTMENT. Attach a copy to STATE & FEDERAL DEPARTMENT 30 days prior to field trip Date.

\_\_\_\_\_ **CNS-100** Child Nutrition Services Order Form

Submit to KITCHEN 30 DAYS IN ADVANCE if students will be off campus during lunch. School is required to send form home. Attach a copy to STATE & FEDERAL DEPARTMENT 30 days prior to field trip Date.

\_\_\_\_\_ **PUR-105** Travel Approval Form

Form must be completed for employee(s) participating on field trip. Submit to Academic Services. Attach a copy to STATE & FEDERAL DEPARTMENT 30 days prior to Field Trip Date.

\_\_\_\_\_ **Read "Private Vehicles Driver Guidelines."**

\_\_\_\_\_ **SF-116** Field Trip by Private Vehicle Form

\_\_\_\_\_ **SF-117** Vehicle Assignment List

\_\_\_\_\_ **RM-101** Certificate of Insurance Request Form

**Submit all paperwork** (Fieldtrip info, car insurance, driver license, etc.) to STATE AND FEDERAL DEPARTMENT 30 days prior to field trip date.

**I have completed all necessary steps as shown above.**

Teacher Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_





# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

## GENERAL WAIVER, RELEASE, and INDEMNITY FOR FIELD TRIP

(If medical attention required, medical request form SF-118 is required.)

Name of Student: \_\_\_\_\_ School Year \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

**This form must be on file before any student can go on a field trip.**

I understand that there are risks and dangers inherent in participating in outdoor activities. I also understand that in order to be allowed to participate in this activity, I must give up my rights to hold the Alum Rock Union Elementary School District, its Trustees, employees, and volunteers liable for any injury or damage which I may suffer while participating in this activity. Knowing this and in consideration of being permitted to participate in this activity, I hereby voluntarily release the Alum Rock Union Elementary School District, its Trustees, employees, and volunteers from any and all liability resulting from or arising out of my participation in this activity.

I understand and agree that this Agreement shall have the effect of releasing, discharging, waiving, and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation in this activity. This Release constitutes a complete release, discharge and waiver of any and all actions or causes of action against the Alum Rock Union Elementary School District, its Trustees, employees, and volunteers.

I understand and agree that this Agreement applies to personal injury, property damage, or wrongful death, which I may suffer, even if caused by the negligent acts or omissions of others. I understand and agree that by signing this Agreement, I am assuming full responsibility for any and all risk of death or personal injury or property damage that I may suffer while participating in this activity. I understand and agree that by signing this Agreement, I am agreeing to release, indemnify, and hold the Alum Rock Union Elementary School District, its Trustees, employees, and volunteers harmless from any and all liability or costs, including attorney's fees, associated with or arising from my participation in this activity.

I hereby release Alum Rock Union Elementary School District, its officers, agents or employees, to arrange for my medical treatment, if necessary, at my expense. In the event I am unable to give instructions for medical care, full authorization is given to any licensed physician and/or surgeon to whom I am taken, to treat, administer drugs and medication, and perform surgical treatment, as he or she shall think the existing emergency requires, for the relief of pain and/or the preservation of life and/or health and well-being. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required; instead it is given to provide the authority and power to the Alum Rock Union Elementary School District to be in a position to make necessary arrangements for attempting to secure reasonable care under emergency circumstances. Any costs incurred in this connection not covered by my insurance shall be paid by me.

I understand and agree that this Agreement shall be binding on me, my parents and siblings, spouse, my heirs, my personal representatives, my assigns, my children, and my guardian ad litem for said children. I understand and agree that if I am signing this Agreement on behalf of my minor child, that I will be giving up the same rights for said minor as I would be giving up if I signed this document on my own behalf.

I acknowledge that I have read this Agreement and that I understand the words and language in it. I have been advised of the potential dangers incidental to participating in this activity.

**Statement of Good Health:** Participant, or their parent/guardian, represent that s/he is in good physical condition to engage in this activity. If said physical condition changes, participant will voluntarily withdraw from the activity.

Each participant is hereby advised to consult a physician prior to enrolling in a strenuous physical activity.

### **PARENT/GUARDIAN RELEASE:**

I am the parent/legal guardian of \_\_\_\_\_, and I am signing this document on behalf of said minor.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

## **RENUNCIA GENERAL, EXONERACIÓN e INDEMNIZACIÓN POR EXCURSIONES**

(En caso de necesitarse asistencia médica, se requiere llenar el formulario SF-118.)

Nombre del Estudiante: \_\_\_\_\_ Curso Escolar: \_\_\_\_\_

Escuela: \_\_\_\_\_ Maestro(s): \_\_\_\_\_

**Este formulario debe ser llenado antes que cualquier niño participe en una excursión.**

Comprendo que existen riesgos y peligros relacionados con la participación en actividades al aire libre. También comprendo que para autorizar la participación en esta actividad, debo renunciar al derecho de hacer responsables al Distrito Escolar Elemental Unificado de Alum Rock, a los miembros de su dirección, a sus empleados y al personal voluntario en caso de ocurrir lesiones o daños como resultado de la participación en esta actividad. Conociendo esto y en consideración de haber permitido la participación en estas actividades, voluntariamente exorcito de toda responsabilidad al Distrito Escolar de Alum Rock, a sus directivos, a sus empleados y al personal voluntario de lo que resulte producto a la participación en esta actividad.

Comprendo y estoy de acuerdo que este Convenio tendrá el efecto de exonerar, eximir, renunciar y ceder el derecho para siempre de tomar cualquier acción o encausar por algo que haya sucedido ya sea en el pasado, el presente o el futuro, conocido o desconocido, anticipado o imprevisto por mí producto a la participación en esta actividad. Esta renuncia constituye una exoneración completa, liberación y exención de cualquier acción o causa de acción en contra del Distrito Escolar Elemental Unificado de Alum Rock, los miembros de su dirección, sus empleados y personal voluntario.

Comprendo y estoy de acuerdo que este Convenio se aplica en casos de lesiones personales, daño a la propiedad o fallecimiento accidental que pudiera suceder aún cuando las causas sean producidas por actos de negligencia u omisiones de otros. Comprendo que al firmar este Convenio, estoy asumiendo completa responsabilidad por cualquiera y todos los riesgos de fallecimiento, lesiones personales y daños a la propiedad que pueda sufrir durante la participación en esta actividad. Comprendo y estoy de acuerdo que al firmar este Convenio acepto exonerar de reparaciones o hacer responsables al Distrito Escolar de Alum Rock, a sus directivos, a sus empleados y al personal voluntario por daños y por las responsabilidades de costos, incluyendo los pagos de procuraduría asociados con mi participación en esta actividad.

De esta forma doy libertad al Distrito Escolar de Alum Rock, a sus directivos y empleados para realizar los ajustes de mi tratamiento médico, si es necesario, ser pagado por mí. En caso que no me sea posible dar instrucciones para la atención médica, doy completa autorización a cualquier especialista licenciado o cirujano al que sea permitido para tratarme, administrarme drogas o medicamentos y realizar operaciones quirúrgicas como se requiera ante la emergencia presente para el alivio del dolor y la preservación de la vida, la salud y el bienestar. Comprendo que esta autorización ha sido dada por adelantado ante cualquier diagnóstico específico, tratamiento o cuidado de hospital que se requiera; y tiene la intención de proveer la autoridad y el poder al Distrito Escolar Elemental Unificado de Alum Rock para estar en la posición de hacer los ajustes necesarios de cualquier cuidado razonable bajo circunstancias de emergencia. Cualquier costo que se vincule a esta operación y que no sea cubierto por mi compañía de seguros deberá ser pagado por mí.

Comprendo y estoy de acuerdo en que este Convenio es obligatorio para mí, mis padres, mis hermanos, esposo(a), mis herederos, representantes personales, beneficiarios, mis hijos y para cualquier tutor legal "ad litem" de dichos hijos. Comprendo que si estoy firmando este Convenio en nombre de mi hijo menor de edad, estoy renunciando a los mismos derechos para el menor como lo haría si el documento fuera firmado en mi propio nombre.

Reconozco que he leído este Convenio y que entiendo las palabras y el lenguaje utilizado en el mismo. He sido informado(a) sobre los peligros potenciales relacionados con la participación en esta actividad.

**Declaración de Buena Salud:** Los participantes o sus padres / tutores declaran estar en buenas condiciones físicas para participar en esta actividad. Si tales condiciones físicas cambian, los participantes se retirarán voluntariamente de esta actividad.

Se aconseja que cada participante consulte un especialista antes de alistarse a participar en una actividad física agotadora.

### **EXONERACIÓN DE PADRES / TUTORES:**

Soy el padre / tutor legal de \_\_\_\_\_, y firmo este documento en nombre de dicho menor.

Imprimir el Nombre del Padre / Tutor

Firma del Padre / Tutor

Fecha





# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

## MEDICAL REQUEST FORM

Date of Trip: \_\_\_\_\_ Destination: \_\_\_\_\_

Teacher(s): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

### Contact Information:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Please answer YES or NO to each question listed below. Every question must be answered before attending the trip. A YES does not automatically disqualify participants from attending the trip. The information is simply to provide the guide(s) and Outdoor Activities director an assessment of each participant's medical history before heading into the field. This information will remain confidential.

1. Respiratory problems? Asthma? If yes, do they carry an inhaler?	YES YES	NO NO	5. Neurological problems? Epilepsy? Migraines?	YES YES	NO NO
2. Diabetes If yes, do they use insulin? And how often?	YES YES	NO NO	6. Cardiac problems? If yes, please list in space provided.	YES YES	NO NO
3. Any hip, ankle, shoulder, arm, or back injuries/operations? If yes, circle body part and list date of injury.	YES	NO	7. Any allergies? If yes, please specify.	YES	NO
4. Are they allergic to insect bites or stings? If yes, do they carry epinephrine pen?	YES YES	NO NO	8. Food allergies? Dietary restrictions? Vegan? Vegetarian? If yes, please specify?	YES YES	NO NO
5. Do they take any medication? If yes, please list medications and symptoms in adjacent box.	YES	NO	List medications and symptoms here.	YES	NO

Medication: \_\_\_\_\_ Dosage (amt. Freq): \_\_\_\_\_ Side effects/Restrictions: \_\_\_\_\_

Swimming Ability if applicable: Non-swimmer: \_\_\_\_\_ Recreational: \_\_\_\_\_ Competitive: \_\_\_\_\_

Please list any medical or physical problems that are not covered in the above listed questions that may affect their participation in this class trip. Write N/A if it is not applicable.

### EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Parent/Guardian of the child listed above, gives permission for any adult employee/volunteer of Alum Rock Union Elementary School District in whose care said minor child has been entrusted to seek emergency medical care for my child at a near by hospital or medical clinic in the event of illness or injury. I, the parent/guardian, will assume any and all financial responsibility for such emergency medical care.

Print Name (guardian) \_\_\_\_\_ Sign Name (guardian) \_\_\_\_\_ Date \_\_\_\_\_



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

## FORMULARIO PARA LA SOLICITUD DE ATENCIÓN MÉDICA

Fecha de la Excursión (o viaje): \_\_\_\_\_ Destino: \_\_\_\_\_

Maestro(s): \_\_\_\_\_ Fecha de hoy: \_\_\_\_\_

Nombre del Participante: \_\_\_\_\_ Edad: \_\_\_\_\_

### Información para el Contacto:

Hogar: \_\_\_\_\_ Celular: \_\_\_\_\_ Empleo: \_\_\_\_\_

Por favor, responda sí o no a cada pregunta en la lista a continuación. Cada pregunta debe ser respondida antes de asistir a la excursión o viaje. Una respuesta positiva no descalifica automáticamente a los participantes para participar en la excursión. La información brindada es simplemente para ofrecer al guía y al Director de las actividades al aire libre una evaluación de la historia médica de cada participante antes de comenzar la excursión. Esta información se mantendrá de forma confidencial.

1. ¿Problemas respiratorios? ¿Asma? Si la respuesta es sí, diga si el participante utiliza el inhalador.	SÍ NO	5. ¿Problemas neurológicos? ¿Epilepsia? ¿Migrañas?	SÍ NO
2. ¿Diabetes? si la respuesta es sí, diga si utiliza insulina y con qué frecuencia.	SÍ NO	6. ¿Problemas cardíacos? Si la respuesta es sí, indique en el espacio adecuado.	SÍ NO
3. ¿Alguna operación o lesiones en la cadera, tobillo, hombro, brazo o la espalda? Si la respuesta es sí, circule la parte del cuerpo y escriba la fecha de la lesión.	SÍ NO	7. ¿Alguna alergia? Si la respuesta es sí, por favor especifique.	SÍ NO
4. ¿Alguna alergia a picadas de insectos o de abejas? Si la respuesta es sí, diga si transporta una dosis de epinefrina.	SÍ NO	8. ¿Alergias a alguna comida? ¿Restricciones de dieta? ¿Vegano? ¿Vegetariano? Si la respuesta es sí, por favor especifique.	SÍ NO
5. ¿Toma algún medicamento? Si la respuesta es sí, nombre los medicamentos y los síntomas en el espacio adyacente.	SÍ NO	Escriba aquí el nombre de los medicamentos y los síntomas presentes.	SÍ NO

Medicamento: \_\_\_\_\_ Dosis (amt, frecuencia): \_\_\_\_\_ Efectos Secundarios/Restricciones: \_\_\_\_\_

Habilidad de nadar si se aplica: No sabe nadar: \_\_\_\_\_ Nada por recreación: \_\_\_\_\_ Nada competitivamente: \_\_\_\_\_

Por favor enumere cualquier problema médico o físico que no hayan sido cubiertos en las preguntas hechas anteriormente y que puedan afectar su participación en la excursión o viaje de la clase. Escriba N / A si no es aplicable.

### INFORMACIÓN DE CONTACTO EN CASO DE EMERGENCIA:

Nombre: \_\_\_\_\_ Nombre: \_\_\_\_\_

Relación: \_\_\_\_\_ Relación: \_\_\_\_\_

Teléfono: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Padre / Tutor del niño(a) mencionado anteriormente, doy autorización para que cualquier empleado adulto / voluntario del Distrito Escolar de Alum Rock que esté a cargo del menor, busque asistencia médica de emergencia para mi hijo(a) en un hospital o clínica cercana en caso de enfermedad o daño. Yo, padre / tutor, asumiré cualquier y todas las responsabilidades financieras por los cuidados médicos de emergencia.

Escribir Nombre Padre (o Tutor)

Firma Padre (o Tutor)

Fecha



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

## SCHOOL-SPONSORED TRIP REQUEST

(To be submitted to the principal at least 60 days in advance.)

(Must be submitted by principal to District Office; State & Federal Department if overnight or out of county.)

SCHOOL: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

TEACHER: \_\_\_\_\_ SUBJECT: GRADE: \_\_\_\_\_

DATE OF TRIP: \_\_\_\_\_ LEAVING TIME: \_\_\_\_\_ RETURN TIME: \_\_\_\_\_

DESTINATION/EVENT: \_\_\_\_\_

PURPOSE OF TRIP: \_\_\_\_\_

LEARNER OBJECTIVES OF TRIP: \_\_\_\_\_

DESCRIPTION OF PRE-TRIP ACTIVITIES: \_\_\_\_\_

DESCRIPTION OF FIELD TRIP ACTIVITIES: \_\_\_\_\_

DESCRIPTION OF FOLLOW-UP ACTIVITIES: \_\_\_\_\_

ESTIMATED COST: \_\_\_\_\_ OTHER COSTS: \_\_\_\_\_

CHARGE TO BUDGET ACCOUNT NO. \_\_\_\_\_

PRINCIPAL'S SIGNATURE: \_\_\_\_\_ [ ] \*APPROVED [ ] NOT APPROVED

STATE & FEDERAL /SUPERVISOR APPROVAL: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

☐ Walking

☐ Bus required

☐ Other

\*Approval includes certification that funds are available in the appropriate budget category.





# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

## Alum Rock Union Elementary School District Study Trip Notice and Permission Slip

Dear Parent/Guardian:

Complete and return this form to your child's teacher.

Student \_\_\_\_\_ School \_\_\_\_\_  
Destination \_\_\_\_\_ Purpose of Trip \_\_\_\_\_  
Departure Date & Time \_\_\_\_\_ Return Date & Time \_\_\_\_\_  
Teacher in Charge \_\_\_\_\_ Transportation \_\_\_\_\_

My child has permission to go on the above trip. In the event of illness or injury, I do hereby consent to whatever x-ray, examination, and anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary. It is understood that the resulting expenses will be the responsibility of the participant's parent/guardian and that the Alum Rock Union Elementary School District does not provide medical or dental insurance coverage for students. As stated in California Education Code Section 35330, I understand that I hold Alum Rock Union Elementary School District, its officers, agent's, board members, employees and volunteers 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: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical Insurance Carrier: \_\_\_\_\_ Policy/Group/ Medical No.: \_\_\_\_\_

Alum Rock Union Elementary School District  
Study Trip Notice and Permission Slip

Dear Parent/Guardian:

Complete and return this form to your child's teacher.

Student \_\_\_\_\_ School \_\_\_\_\_  
Destination \_\_\_\_\_ Purpose of Trip \_\_\_\_\_  
Departure Date & Time \_\_\_\_\_ Return Date & Time \_\_\_\_\_  
Teacher in Charge \_\_\_\_\_ Transportation \_\_\_\_\_

My child has permission to go on the above trip. In the event of illness or injury, I do hereby consent to whatever x-ray, examination, and anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary. It is understood that the resulting expenses will be the responsibility of the participant's parent/guardian and that the Alum Rock Union Elementary School District does not provide medical or dental insurance coverage for students. As stated in California Education Code Section 35330, I understand that I hold Alum Rock Union Elementary School District, its officers, agent's, board members, employees and volunteers 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: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical Insurance Carrier: \_\_\_\_\_ Policy/Group/ Medical No.: \_\_\_\_\_



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

## DISTRITO ESCOLAR ELEMENTAL DE ALUM ROCK NOTIFICACIÓN DE VIAJE DE ESTUDIOS Y HOJA DE PERMISO

Estimado padre/tutor:

Llene y devuelva esta hoja al maestro de su hijo/a.

Estudiante \_\_\_\_\_ Escuela \_\_\_\_\_  
Destino \_\_\_\_\_ Propósito del viaje \_\_\_\_\_  
Fecha y hora de salida \_\_\_\_\_ Fecha y hora de regreso \_\_\_\_\_  
Maestro responsable \_\_\_\_\_ Transporte \_\_\_\_\_

Mi hijo/a tiene permiso para ir al viaje antes mencionado. En caso de enfermedad o de lesiones, yo doy mi consentimiento para cualquier servicio médico, rayos X, examinación, anestesia, diagnóstico quirúrgico o dental, tratamiento y cuidado de hospital que se considere necesario. Se entiende que los gastos ocasionados serán responsabilidad de cada padre/tutor de los estudiantes participantes. El Distrito Escolar Elemental Unificado de Alum Rock no provee cobertura médica o dental para los estudiantes. Tal como se establece en el Código de Educación de California Sección 35330, yo libero al Distrito Escolar Elemental Unificado de Alum Rock, sus funcionarios, agentes, miembros de la mesa directiva, voluntarios y empleados de todas las obligaciones y reclamos legales que puedan surgir en relación con la participación de mi hijo/a en esta actividad.

Firma del padre/tutor: \_\_\_\_\_ Fecha: \_\_\_\_\_  
Domicilio: \_\_\_\_\_ Teléfono: \_\_\_\_\_  
Compañía de seguro médico: \_\_\_\_\_ Número médico/póliza/grupo: \_\_\_\_\_

## DISTRITO ESCOLAR ELEMENTAL DE ALUM ROCK NOTIFICACIÓN DE VIAJE DE ESTUDIOS Y HOJA DE PERMISO

Estimado padre/tutor:

Llene y devuelva esta hoja al maestro de su hijo/a.

Estudiante \_\_\_\_\_ Escuela \_\_\_\_\_  
Destino \_\_\_\_\_ Propósito del viaje \_\_\_\_\_  
Fecha y hora de salida \_\_\_\_\_ Fecha y hora de regreso \_\_\_\_\_  
Maestro responsable \_\_\_\_\_ Transporte \_\_\_\_\_

Mi hijo/a tiene permiso para ir al viaje antes mencionado. En caso de enfermedad o de lesiones, yo doy mi consentimiento para cualquier servicio médico, rayos X, examinación, anestésico, diagnóstico quirúrgico o dental, tratamiento y cuidado de hospital que se considere necesario. Se entiende que los gastos ocasionados serán responsabilidad de cada padre/tutor de los estudiantes participantes. El Distrito Escolar Elemental Unificado de Alum Rock no provee cobertura médica o dental para los estudiantes. Tal como se establece en el Código de Educación de California Sección 35330, yo libero al Distrito Escolar Elemental Unificado de Alum Rock, sus funcionarios, agentes, miembros de la mesa directiva, voluntarios y empleados de todas las obligaciones y reclamos legales que puedan surgir en relación con la participación de mi hijo/a en esta actividad.

Firma del padre/tutor: \_\_\_\_\_ Fecha: \_\_\_\_\_  
Domicilio: \_\_\_\_\_ Teléfono: \_\_\_\_\_  
Compañía de seguro médico: \_\_\_\_\_ Número médico/póliza/grupo: \_\_\_\_\_





# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

## Học Khu Alum Rock Union Elementary School Thông báo Chuyển Đi Chơi Xa Để Học Hỏi và Giấy Cho Phép

Kính Gởi Phụ Huynh hay Người Giám Hộ:

Xin điền mẫu đơn dưới đây và nộp lại cho giáo viên của con em quý vị.

Tên Học Sinh \_\_\_\_\_ Trường \_\_\_\_\_

Nơi Đến \_\_\_\_\_ Mục Đích Cuộc Đi Chơi \_\_\_\_\_

Ngày và Giờ Đi \_\_\_\_\_ Ngày và Giờ Về \_\_\_\_\_

Giáo Viên phụ trách \_\_\_\_\_ Phương Tiện Di Chuyển \_\_\_\_\_

Con em của tôi được phép đi trong chuyến đi chơi xa này để học hỏi. Nếu có trường hợp bị bệnh hoặc bị thương tích, tôi đồng ý cho em được chụp hình X-ray, khám bệnh, chụp thuốc mê, uống thuốc, mổ hoặc khám răng hoặc trị bệnh tại nhà thương nếu cần thiết. Tôi hiểu rằng Phụ huynh hay Người Giám Hộ phải chịu trách nhiệm về tài chánh cho con của quý vị và Học Khu Alum Rock không cung cấp bảo hiểm sức khỏe và bảo hiểm răng cho học sinh. Theo luật Giáo Dục California Điều Khoản 35330, tôi hiểu rằng tôi sẽ không được phép thừa kiện Học Khu, giáo chức, người đại diện, các ủy viên của Hội Đồng Quản Trị, nhân viên nhà trường và các tình nguyện viên nếu con của tôi có xảy ra chuyện gì trong chuyến đi chơi xa này.

Phụ huynh hay Người Giám Hộ Ký Tên: \_\_\_\_\_ Ngày: \_\_\_\_\_

Địa Chỉ: \_\_\_\_\_ Số Điện Thoại: \_\_\_\_\_

Có Bảo Hiểm Sức Khỏe nào: \_\_\_\_\_ Số Bảo Hiểm Sức Khỏe: \_\_\_\_\_

## Học Khu Alum Rock Union Elementary School Thông báo Chuyển Đi Chơi Xa Để Học Hỏi và Giấy Cho Phép

Kính Gởi Phụ Huynh hay Người Giám Hộ:

Xin điền mẫu đơn dưới đây và nộp lại cho giáo viên của con em quý vị.

Tên Học Sinh \_\_\_\_\_ Trường \_\_\_\_\_

Nơi Đến \_\_\_\_\_ Mục Đích Cuộc Đi Chơi \_\_\_\_\_

Ngày và Giờ Đi \_\_\_\_\_ Ngày và Giờ Về \_\_\_\_\_

Giáo Viên phụ trách \_\_\_\_\_ Phương Tiện Di Chuyển \_\_\_\_\_

Con em của tôi được phép đi trong chuyến đi chơi xa này để học hỏi. Nếu có trường hợp bị bệnh hoặc bị thương tích, tôi đồng ý cho em được chụp hình X-ray, khám bệnh, chụp thuốc mê, uống thuốc, mổ hoặc khám răng hoặc trị bệnh tại nhà thương nếu cần thiết. Tôi hiểu rằng Phụ huynh hay Người Giám Hộ phải chịu trách nhiệm về tài chánh cho con của quý vị và Học Khu Alum Rock không cung cấp bảo hiểm sức khỏe và bảo hiểm răng cho học sinh. Theo luật Giáo Dục California Điều Khoản 35330, tôi hiểu rằng tôi sẽ không được phép thừa kiện Học Khu, giáo chức, người đại diện, các ủy viên của Hội Đồng Quản Trị, nhân viên nhà trường và các tình nguyện viên nếu con của tôi có xảy ra chuyện gì trong chuyến đi chơi xa này.

Phụ huynh hay Người Giám Hộ Ký Tên: \_\_\_\_\_ Ngày: \_\_\_\_\_

Địa Chỉ: \_\_\_\_\_ Số Điện Thoại: \_\_\_\_\_

Có Bảo Hiểm Sức Khỏe nào: \_\_\_\_\_ Số Bảo Hiểm Sức Khỏe: \_\_\_\_\_



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

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## CHILD NUTRITION SERVICES

### Staff Instructions for Field Trip Procedure

**Schools are required to offer students the opportunity to accept or deny a bag lunch for a field trip. Teachers are not allowed to instruct students to bring a lunch from home.**

- a) Three weeks prior to the field trip, the Student Field Trip Bag Lunch Request Form (CNS 101) must be sent home. This should be attached to the Field Trip Permission Slip.
- b) Upon receipt of completed Student Field Trip Bag Lunch Request Forms (CNS 101), the teacher completes Section A of CNS Field Trip Request Bag Lunch Form (102) and returns it to the CNS Assistant in your cafeteria.
- c) Order only number of lunches requested by students or your school will be **invoiced for each bag lunch not picked up by students at \$3.75.**
- d) **On the day of the field trip, each student will go to the cafeteria and receive their bag lunch by CNS Assistant in the cafeteria.**
- e) Student Field Trip Bag Lunch Request Form (CNS 101) may be ordered from the Print Shop or downloaded from intranet. To be sent home to parents to be returned to the teacher.
- f) CNS Field Trip Request Bag Lunch Form (102) must be ordered from the Print Shop as NCR form. Teacher completes class count and returns to the CNS Assistant in your cafeteria.

### **Provision Schools = No Meal Cost**

- |                   |                          |
|-------------------|--------------------------|
| • Aptitud at Goss | • Mathson                |
| • Arbuckle        | • Meyer                  |
| • Cassell         | • Ocala                  |
| • Chavez          | • Painter                |
| • Cureton         | • Renaissance at Mathson |
| • Dorsa           | • Renaissance at Fischer |
| • Fischer         | • Russo/McEntee          |
| • George          | • Ryan                   |
| • Hubbard         | • San Antonio            |
| • Lyndale         | • Sheppard               |
| • L.U.C.H.A       |                          |

### **Non-Provision Schools = Reduced Priced (\$0.40) and Paid Price (\$2.75)**

- Adelante I
- Adelante II @ Arbuckle
- Linda Vista
- McCollam



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

## FIELD TRIP

### Student Field Trip Bag Lunch Request Form

Your child will be going on a field trip during school hours. The cafeteria will be offering bag lunches to all students. Please complete the following form and return it to your child's teacher as soon as possible.

Provision schools will receive bag lunch at no cost.

Non-Provision school bag lunches will have a cost of reduced priced (\$0.40) or paid price (\$2.75).

(Non-Provision Schools- Adelante I, Adelante II @ Arbuckle, Linda Vista, and McCollam)

CHILD'S NAME \_\_\_\_\_

\_\_\_\_\_ YES, I would like to order a bag lunch for the field trip on \_\_\_\_\_ (date)

\_\_\_\_\_ NO, my child will bring a lunch from home for the field trip.

\_\_\_\_\_  
Parent's Signature

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## ALMUERZOS EN EXCURSIONES O VIAJES ESCOLARES HOJA DE INSCRIPCIÓN

Su hijo(a) va a participar en una excursión o viaje escolar durante el horario de clases. La cafetería ofrecerá bolsas con almuerzo para todos los estudiantes. Por favor llene la siguiente hoja y envíela de regreso al maestro(a) de su hijo(a).

Escuelas Universales estudiantes reciben bolsas con almuerzo sin costo.

Escuelas que no son Universales, bolsas con almuerzo tienen costo reducido (\$0.40) o pago entero (\$2.75) (Adelante I, Adelante II en Arbuckle, Linda Vista, y McCollam)

NOMBRE DEL ESTUDIANTE \_\_\_\_\_

\_\_\_\_\_ SÍ, quisiera pedir una bolsa de almuerzo para la excursión del día \_\_\_\_\_ (fecha)

\_\_\_\_\_ NO, mi hijo(a) traerá el almuerzo del hogar para la excursión.

\_\_\_\_\_  
Firma del Padre

*El Departamento de Agricultura de los Estados Unidos (USDA, siglas en inglés) es un empleador y proveedor de oportunidades con igualdad.*



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

## CHILD NUTRITION SERVICES

### CNS Field Trip Bag Lunch Request Form

1. Distribute **Student Field Trip Bag Lunch Request Form** to students three weeks prior to the field trip. (This form can be attached to their permission slip). Request to have forms back to school within three days.
2. Complete **Section A** of this form and return it to the CNS Assistant in your cafeteria two weeks prior to the field trip.
3. The CNS Assistant at your school will forward the **Scheduling and Notification Form** to the preparation kitchen; in turn, the preparation kitchen will confirm your order.
4. **On the day of the field trip, each student will need to go to the cafeteria to receive their bag lunch by CNS Assistant.**
5. Non-Provision schools will receive meals at no cost. Students attending non-provision schools will be charged for meal according to meal status (Reduced (\$0.40) and Paid (\$2.75)).
6. **REMEMBER: You will be charged for any extra lunches that are ordered and not picked up by students at \$3.75.**

#### SECTION A:

School: \_\_\_\_\_ Room No. \_\_\_\_\_

Date(s) of field trip \_\_\_\_\_

Participating classes will return in time for regular lunch: Yes \_\_\_\_\_ No \_\_\_\_\_

Lunch bag pick up time: \_\_\_\_\_ Number of students needing bag lunches: \_\_\_\_\_

Time leaving School: \_\_\_\_\_ Time arriving back to school: \_\_\_\_\_

**Any Students with Food Allergies (Indicate allergy and initials of student (s):** \_\_\_\_\_

Principal/Teacher Approval: \_\_\_\_\_

#### SECTION B:

CONFIRMATION OF BAG LUNCHES ORDERED \_\_\_\_\_ ON (date) \_\_\_\_\_

**\*\*\*PLEASE BRING YOUR CLASS TO THE CAFETERIA. EACH STUDENT WILL RECEIVE THEIR BAG LUNCH AT THE TIME OF PICK UP.\*\*\***

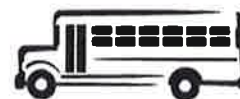
THANK YOU,  
CNS STAFF

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# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

## TRANSPORTATION DEPARTMENT Bus Field Trip Guidelines



- I. Field trips for ARUESD buses during a regular school day cannot be over 60 miles, round trip.
- II. Daytime availability for ARUESD buses is as follows:
  - regular school days: 9:00 a.m. – 1:30 p.m.
  - Thursday and minimum days: 9:00 a.m. – 12:30 p.m.
- III. Field Trips of any length can be scheduled during the following:
  - after 4:00 p.m. on weekdays
  - on weekends
  - on holidays
- IV. Each bus has passenger limits. Adults and larger students count as 2 passengers. The middle seat has a weight capacity of 70 pounds. The maximum number of passengers is **74**. The minimum number of passengers is **50**.
- V. There are specific ARUESD bus reservation procedures to follow:
  - Call Transportation between **9:00 a.m.** and **12:00 p.m.** at 6980 or 6981 to schedule fieldtrips. You may leave a voice mail message for a return call or you may email Angela Maya or America Perez with your request. Your reservation request is not secure until confirmed by someone in Transportation.
  - Send a completed and authorized (principal's signature required) "Transportation Field Trip Request and Charge Authorization" form (TD-302) **to the State and Federal Department** at least **30 days** prior to your scheduled trip. Transportation requires the white and yellow copies of the NCR TD-302 form. The Transportation Department will not accept out dated or faxed forms. The updated form can be ordered from the print shop.
  - Camp fieldtrips may require an additional vehicle to transport luggage and camping gear.
  - Before booking your field trip, use Map Quest to determine cost:
    1. Use your school site address as your start of destination
      - a. This will give you the approximate time in hour (s) and mileage.
      - b. Multiply the hours and mileage to get a total cost.
    2. Determine the total number of children and adults.
    3. Having this information before-hand will make it easier for the scheduler to book your field trip.
    4. Alum Rock District Transportation billing is done after field trip has occurred.
- VI. ARUESD cancellations must be made at least 24 hours prior to the scheduled trip. If you fail to notify the department and a bus is sent to your school site, you will be charged for mileage and the driver's time to and from your school. If you double book with ARUESD and an outside vendor and both show up, ARUESD shall take priority. If you need to cancel due to uncontrollable circumstances such as weather, you may call a minimum of one-half hour prior to pick up time; you will not be charged (ARUESD buses only).
- VII. All bus parking fees, road/bridge tolls must be paid by the supervising adult for the study trip. Be sure to bring cash for such charges so that you are ready to pay any incurred/required fees.
- VIII. ARUESD charges for study/field trips are as follows for bus driver time per hour and mileage:
 

▪ Monday – Friday before <b>2:00 p.m.</b>	<b>\$34.16</b>
▪ After <b>2:00 p.m.</b> , weekends, holidays	<b>\$37.80</b>
▪ Mileage (per mile)	<b>\$ 3.60</b>
- IX. Billing and scheduling questions should be directed to the Transportation Department at 6980 or 6981.
- X. **Approved outside vendors:** The following agencies may be contacted to reserve buses when district transportation is not available. All company regulations must be followed and are the responsibility of the school site.
 

VTA (vendor #14634)	408-321-2300	Durham (vendor #11596)	408-377-6655
Evergreen (vendor #11767)	408-270-6795	East Side High S.D. (vendor #11613)	408-347-5292
Bauer's (vendor #22108)	415-357-7904 x1024	San Jose Charters (vendor #17968)	408-360-9883
Royal Coach Tours (vendor #13166)	408-436-4860	Michael's Trans (vendor #17717)	1-800-295-2448
Morgan Hill (vendor #14166)	408-201-6320		

**Note: A.R. Transportation Department is to be utilized first before using an outside vendor. If using an outside bus service, remember that there has to be a Purchase Order completed (prior to trip) with all pertinent information including cost before the TD-302 form is completed and sent to the Transportation Department at ARUESD. If there is any missing information, this will hold up the Field Trip and Confirmation process.**





# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

## TRANSPORTATION FIELD TRIP REQUEST AND CHARGE AUTHORIZATION

Check one of the following

☐ ARUSD Buses  
☐ Other \_\_\_\_\_  
☐ Outside Bus Company  
Complete information below

\*REQUEST MUST BE SUBMITTED TO TRANSPORTATION OFFICE AT LEAST 45  
DAYS PRIOR TO DATE OF TRIP  
(Please note, if the request form is not received on time, the trip "may" be cancelled.)

Trip Date \_\_\_\_\_

Trip Number: \_\_\_\_\_

Departure Time: \_\_\_\_\_

Trip Destination: \_\_\_\_\_

Place of Departure \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Related Curriculum: \_\_\_\_\_

Teacher \_\_\_\_\_  
Grade \_\_\_\_\_  
No. Pupils: \_\_\_\_\_  
No. Adults: \_\_\_\_\_

Purpose of Trip (state specific educational objective): \_\_\_\_\_

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

Return Time from Place of

Departure: \_\_\_\_\_ A.M./P.M.

Place of Return \_\_\_\_\_

Principal Signature \_\_\_\_\_

\_\_\_\_\_

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

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

To be Paid by: \_\_\_\_\_

☐ District Program or ☐ Billed

Funding Approved by: \_\_\_\_\_

Payment Coding

ORG KEY \_\_\_\_\_

OBJECT \_\_\_\_\_

Credit Coding

ORG. KEY - 03470327005720

Accounting Verification \_\_\_\_\_

(If Billed, Send Invoices To)

Name: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Vendor I.D.# \_\_\_\_\_

Total Amount

of Trip \_\_\_\_\_



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

## TRAVEL APPROVAL FORM Attach Supporting Document

Date of Request: \_\_\_\_\_

1. Program Manager / Principal: \_\_\_\_\_ Dept. / School Site: \_\_\_\_\_

2. Title of Conference / Meeting: \_\_\_\_\_

3. Place: \_\_\_\_\_

4. Purpose: \_\_\_\_\_

5. Date (s) of Conference / Meetings: \_\_\_\_\_

6. Principal / Program Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

7. Departure Date / Time: \_\_\_\_\_ Hour: AM ☐ PM ☐

8. Return Date / Time: \_\_\_\_\_ Hour: AM ☐ PM ☐

### 9. Human Resources:

Names(s) of Employees Attending	Sub		Bilingual		Sub Request?: (Name)	Coord. Sub To:
	Yes	No	Yes	No		

Substitute: ☐ Available ☐ Unavailable ☐ No Sub Needed

Remarks: \_\_\_\_\_

Human Resources Dept. Approval: ☐ Yes ☐ No

Asst. Superintendent of Human Resources \_\_\_\_\_ Date \_\_\_\_\_

### 10. Business Services:

Cost Description	Total Estimated Costs	Reimbursement Requested
Transportation	\$	\$
Registration		
Lodging		
Meals		
Shuttle / Parking		
Other		
Total	\$	\$

Attach Purchase Order(s), Invoice(s) and Registration Form(s).

11. Account Code: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_ Approved By: \_\_\_\_\_ Date \_\_\_\_\_  
Business Services / Purchasing Superintendent

1. This form must be completed and submitted at least 60 days prior to the proposed trip.
2. Cash advance request, submit the completed form 60 days prior to cash advance due date.
3. The approved yellow travel approval copy will be returned to the originator. This authorization must be received by the originator before the trip begins.



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

## PRIVATE VEHICLE DRIVER GUIDELINES

1. Complete the Field Trip by Private Vehicle form – SF-116 and Vehicle Assignment List form SF-117.
2. You must show proof of auto insurance that meets the state legal requirements of \$100,000-\$300,000 per accident, plus your car registration, and driver's license (attach copies).
3. Parents will be notified that their child is riding in a privately owned vehicle.
4. All private vehicle drivers must be at least 21 years of age.
5. Drivers will carry a cell phone and a First Aid Kit in case of emergencies. Cell phones will be used only when vehicle is stationary.
6. Cars must be in safe condition with good brakes, tires (including the spare) and enough gasoline.
  - The distance traveled shall not exceed 120 miles, round trip.
7. The trip shall begin and be completed the same day. NO unauthorized stops are permitted.
8. Arrive at the departure point early enough to allow plenty of time for loading students and receiving instructions.
9. The teacher will provide:
  - Appropriate permission/ medical release forms for students. In case of accident, these are necessary to ensure prompt treatment.
  - The school phone number and emergency contact person.
  - Directions/ Map to destination. Be sure you know exactly where you are going. This includes rest/ refreshments stops. All stops must be approved.
10. Before leaving, review or explain safety rules:
  - Booster seats must be used for passengers under 6 years old or 60 pounds.
  - In vehicles with front air bags, children under 60 pounds must be seated in back seat.
  - Students must wear seat belts at all times.
  - Students must keep hands and arms inside at all times.
  - Noise must be kept to a level acceptable to driver.
  - Any special rules for your car you may have.
  - Parents will drive their own children.
11. Observe speed limits and abide by all laws and regulations.
12. Alcohol or illegal substances shall not be used at any school function, whether on school property or elsewhere.
13. Smoking in vehicle is prohibited. The use of tobacco products will not be permitted at any ARUESD function except by adults in designated areas. Designated areas will be away from nonusers.
14. If an injury requiring treatment occurs, health history records and permission slips should accompany the student to the doctor or hospital.
15. The student supervision ratio will be observed at all times while on the trip. At least one adult per five students, grades K-2, and one adult per ten students, grades 3-12, with a minimum of two adults are required for continuous monitoring of students.
16. When the trip is over, return permission/ medical release forms to the leader.
17. All non-ARUSD employee drivers must have district finger print clearance on file.
18. If Vehicle is used to transport more than 8 people, driver must have commercial license with passenger endorsement (Class B).

**NOTE:** Driver(s) need to have the following forms with them for the duration of the field trip: 1) Waiver Release and Indemnity forms (for each student); 2) Field Trip Private Vehicle forms/ information (map, list of students, emergency numbers, guidelines). All forms must be returned to the school office at the end of the trip.



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

## FIELD TRIP BY PRIVATE VEHICLE

### FIELD TRIP INFORMATION:

School: \_\_\_\_\_ Teacher (s): \_\_\_\_\_ Date of Trip: \_\_\_\_\_

DRIVER INFORMATION: ☐ Employee ☐ Other Insured

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Driver's License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Year/Make of Auto: \_\_\_\_\_ Vehicle License Plate: \_\_\_\_\_

Seating capacity with seat belts, excluding the driver: \_\_\_\_\_

Insurance - Carrier: \_\_\_\_\_ Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Driving Restrictions: \_\_\_\_\_

### TERMS AND CONDITIONS:

1. If you drive your personal automobile while on District business and/or are involved in an accident, by law, your insurance policy is used first. The District liability policy is used only after your policy limits have been exceeded. The District does not cover, nor is it responsible for, comprehensive and collision coverage to your vehicle.
2. No financial charge to the District nor the student(s) shall be made for field trip transportation by private vehicle.
3. The number of passengers to be transported in any one vehicle shall not be more than the number of seat belts or more than the legally permissible number of passengers, including the driver, whichever is less.
4. Proof of legally mandated minimum insurance requirements:  
Bodily Injury Liability - \$100,000 - \$300,000 per accident; Property Damage Liability - \$25,000 per accident;  
Medical Payments - \$2000. (Copy of Insurance needs to be kept at school).
5. Form must be completed for each trip driver, and list of students being transported must be attached.  
If vehicle is used to transport more than 15 people, driver must have commercial license with passenger endorsement (Class B).
7. Proof of current registration of vehicle used on trip.

I have read the terms and conditions above and fully understand my responsibilities for the use of this vehicle. I certify that the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage in force and agree to advise the District, in writing, of any changes in the above information. I understand in the event of a vehicular accident, coverage is provided by the Private Vehicle Driver's own automobile insurance. I understand the school system does not provide insurance coverage should a vehicular accident occur while a private owned vehicle driver is transporting students. I further certify that the above vehicle is mechanically safe.

Owner of Vehicle Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read the above and approve the use of this vehicle for the purpose stated.

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

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## CERTIFICATE OF INSURANCE REQUEST FORM

DATE: \_\_\_\_\_ NUMBER OF PAGES: \_\_\_\_\_

To: **Jacalyn Stromquist** FROM: \_\_\_\_\_  
**Business Services**  
**FAX 408-928-6435** TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

### CERTIFICATE HOLDER INFORMATION

Name/Company: \_\_\_\_\_

Address: \_\_\_\_\_ Fax # \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Attn: \_\_\_\_\_

Please Check the Following Appropriately:

Evidence of Coverage Only: \_\_\_\_\_

Additional Covered Party: Yes \_\_\_\_\_ No \_\_\_\_\_

### LIMITS OF LIABILITY:

Combined Single Limit: \_\_\_\_\_

PROVIDE LOCATION, DATE (S), AND DESCRIPTION OF ACTIVITY OR LEASE:

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**Please note: The executed contract or lease agreement must be included for an Additional Covered Party Request. If equipment or vehicles are leased or purchased, please provide the year, make, model, serial number and value. If portable, attach a copy of the lease/purchase agreement.**





# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

## VEHICLE ASSIGNMENT LIST (To be submitted to principal prior to trip)

### FOR DISTRICT EMPLOYEES ONLY

Teacher:		Date:		School Contact Phone #	
Trip Destination:				Departure Time:	
Destination Phone #:				Arrival Time:	

CAR # 1		CAR # 2		CAR # 3	
DRIVER'S NAME		DRIVER'S NAME		DRIVER'S NAME	
CELL PHONE #		CELL PHONE #		CELL PHONE #	
Child's Name					
1		1		1	
2		2		2	
3		3		3	
4		4		4	

CAR # 4		CAR # 5		CAR # 6	
DRIVER'S NAME		DRIVER'S NAME		DRIVER'S NAME	
CELL PHONE #		CELL PHONE #		CELL PHONE #	
Child's Name					
1		1		1	
2		2		2	
3		3		3	
4		4		4	

CAR # 7		CAR # 8		CAR # 9	
DRIVER'S NAME		DRIVER'S NAME		DRIVER'S NAME	
CELL PHONE #		CELL PHONE #		CELL PHONE #	
Child's Name					
1		1		1	
2		2		2	
3		3		3	
4		4		4	

CAR # 10		CAR # 11		CAR # 12	
DRIVER'S NAME		DRIVER'S NAME		DRIVER'S NAME	
CELL PHONE #		CELL PHONE #		CELL PHONE #	
Child's Name					
1		1		1	
2		2		2	
3		3		3	
4		4		4	

