

FIELD TRIPS

Note that all forms *mentioned are available just below this outline and in the office AND on the Staff Resource page of the Jo Lane web site.

DETERMINE THE FOLLOWING

- Date/s
- Departure Time
- Return Time
- Location/destination
- # of Adults
- # of Students
- Purpose of trip
- Names of volunteers/parents attending (are they approved to attend?)

GET ADMINISTRATOR APPROVAL FOR YOUR TRIP

Signature on Trip Request, by email or in writing

IF USING A BUS - Complete a *Trip Request Form

IF PARENT VOLUNTEERS WILL BE INVOLVED

AS CHAPARONES

- Contact the Athletics office to verify that they have been cleared through a Criminal Background check

AS DRIVERS

- Contact the Athletics office to verify that they are approved as Volunteer Drivers and have been cleared by a Criminal Background check

IF THEY ARE NOT ALREADY APPROVED

- Have them contact the office to do the necessary paperwork
- OR hand them the *Criminal Background Check and *Volunteer Driver forms
- Advise them to get them in as soon as possible
(Clearance may take several days)

ATTENDANCE TRACKING

- About a week before the event, provide the attendance secretary with a list of all students you expect to attend. She will pre-enter absences in the computer.
- AND send an email to all staff alerting them to the upcoming absences
 - include certified and classified
- Print a roster to take attendance on the day you leave

PARENT PERMISSION

- Send slips home if needed (some groups have approval slips for the year)
 - Collect completed permission slips
 - Make copies (you will give these to the office as you leave)
 - Take the originals with you

GETTING READY – MAKE SURE YOU HAVE

- Contact info for every adult going with you
- Confirmation from the office that parent volunteers are clear to accompany students
- Confirmation that all travel arrangements are made
- Emergency phone numbers for anyone you might need to reach. Examples: Durham Bus Co. 541-537-0178, the principal or vice-principal, all volunteer drivers and adults.
- Permission slips for every student (if needed)
- A roster to do attendance as you leave

BEFORE YOU LEAVE CAMPUS MAKE SURE YOU:

- Give the office copies of the completed permission slips (if used)
- Make sure you have the originals with you

TAKE ATTENDANCE ON THE BUS!!!

- **Clearly indicate all of the following information:**
 - Indicate the presence of every student who is actually leaving on the fieldtrip
 - Absence of any not attending
 - Names and contact info for all adults in charge during the trip
 - Time you expect to return to campus
- **Send a student or helper to hand in your roster and information to the office secretary before you leave campus.**

Does the school office know...

WHO IS WITH YOU?

WHO IS NOT?

HOW TO REACH ADULTS IN CHARGE?

RETURN TIME?

If so, you are ready to go!

REMEMBER!

- Keep your phone on and with you at all times as you travel with students

RETURN TIME

Contact the office if your return time changes

Non-school hours contact the principal or assistant principal

OTHER THINGS THAT MAY BE INVOLVED IN FIELD TRIP PREP

COLLECTING MONEY

- Using a class roster, indicate amount received from each student next to their name
- The amount listed should match the amount you turn in
- Obtain a deposit bag and deposit sheet from the office
- Complete the process as described on the deposit sheet
- Include the roster in the bag with your deposit
 - Take the bag to the office

GET A RECEIPT

Under no circumstances are you to leave money with anyone in the office without getting an official ASB receipt.

Make sure you have advanced approval and get receipts for anything purchased with District or ASB Funds.

REQUESTING SCHOOL LUNCHES

Submit a request form from food service at least 2 weeks in advance.

Roseburg Public Schools

Trip Request for First Student

*Per Federal regulations a driver may drive a maximum of 10 hours/on duty a maximum of 15 hours in a 24 hour period.

Please email all requests to tonji.lewis@firstgroup.com

Trip Number _____ Date of Trip _____

School _____ Group _____

Destination _____

Arrive to School _____ Depart from School _____

Leave from Destination _____ Arrive to School _____

☐

Overnight Trip - In most cases the school will secure a room for the driver(s). Please send an itinerary for trip.

Number in Group: _____ Walk On _____ Wheel Chair _____ Adults _____ Total _____

Special Instructions: _____

Bus Type: _____ 72-78 _____ 84 Pass _____ Indian _____ Sped _____

Special Equipment: _____ Under Storage _____ Car Seat _____ Harness _____ Seat Belt _____

Reimbursable: _____ Non-Reimbursable: _____

Requested By _____ Date _____

Administrator Signature _____ Date _____

District Account #:	School Other:
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____ No meals affected
____ Kitchen notified

____ Students bring sack lunches
____ Added to school Calendar

____ Sack lunches ordered from kitchen

Field Trip Lunch Request Form

Please notify Lead cook, at least one week in advance of trip.

School: _____ Teacher: _____

Date of Field Trip: _____ Date Lunch Request Received: _____

Time Picking up Lunches: _____

Please neatly write students' full names:

1.	21.
2.	22.
3.	23.
4.	24.
5.	25.
6.	26.
7.	27.
8.	28.
9.	29.
10.	30.
11.	31.
12.	32.
13.	33.
14.	34.
15.	35.
16.	36.
17.	37.
18.	38.
19.	29.
20.	40.

Total Meals requested: _____

Volunteer Drivers Application

Roseburg Public Schools

We require:

PROOF OF VALID DRIVERS LICENSE & INSURANCE CARD

We can make the copies for you

A COMPLETED "CRIMINAL BACKGROUND CHECK" FORM

Attached

Only one application is needed for all of your students at any Roseburg Public School

A new application is needed each year

We are required to determine proof of Auto Liability insurance prior to volunteers driving our students on a field trip or some other school approved activity. Since we depend heavily on parent drivers, we are asking you to complete this form and the attached Criminal Background Check. Please return both forms along with copies of your drivers license and current insurance to the Athletics Office as soon as possible.

Our central office will do verification through the Department of Motor Vehicles and will run the background check through the State of Oregon.

It is our understanding that you are equipped to transport children to a school approved activity in your private automobile. Signing this form indicates that you have properly working seat belts for all children and that you understand that your insurance company is the primary source of coverage. The district policy becomes a secondary source of coverage.

Please provide the following information for our records. Remember to attach copies of your drivers license and insurance card as evidence of required insurance coverage.

Your Student's Name _____ School _____

Your Student's Name _____ School _____

Your Student's Name _____ School _____

Your Student's Name _____ School _____

PRINT Driver's Name

Driver's Signature

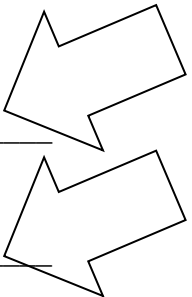
Date

PRINT Driver's Name

Driver's Signature

Date

Updated 8/8/12 kb



Roseburg Public Schools
Criminal Background Check Form

This information will be stored in a confidential manner.
(Please print clearly and complete all sections)

Full legal name

Last Name _____ **Other Last Names Used (Maiden)** _____

First Name _____ **Middle Name** _____

Phone Number _____ **Email Address** _____

Social Security # _____ **Date of Birth (mm/dd/yyyy)** _____

Driver's License # _____ **State (if CA, list counties also)** _____

Field Trip ☐ Classroom Help ☐ PTO ☐ Volunteer Coach ☐ New Hire ☐ Sub ☐ _____

A. Have you ever been convicted of any drug related crimes? ☐ Yes ☐ No

B. Have you ever been convicted of any crimes related to violence or child abuse? ☐ Yes ☐ No

C. Have you ever been convicted of a major traffic violation, including DUII? ☐ Yes ☐ No

D. Have you ever been convicted of ANY misdemeanor or felony crimes? ☐ Yes ☐ No

E. Have you ever been charged with a crime for which there has not yet been an acquittal or dismissal? ☐ Yes ☐ No

F. Have you ever had a restraining order filed against you? ☐ Yes ☐ No

If "Yes" to any question, please complete the following:

Date: _____ County: _____ State: _____

Type of Offense: _____

Explanation: _____

The facts set forth on this form are true and complete to the best of my knowledge. I understand that false statements on this form shall be considered sufficient cause for non-consideration and/or termination. By my signature, I authorize Roseburg Public Schools to check criminal and/or civil records.

Signature: _____ Date: _____

For Office Use Only

____ Approved

By: _____ Date: _____

____ Disapproved

School _____

____ Aesop

Position _____

____ Result Notification

Time _____

____ US ID #

Date _____

____ Safe Schools setup / ____ Cris Results