



BIRMINGHAM COMMUNITY CHARTER HIGH SCHOOL

Criteria for approval of routine field trips:

A routine field trip is a trip to a pre-approved site for a part of a day or a full day and has been deemed appropriate by your administrator.

- The trip is to a pre-approved site
- The trip has educational, social, or cultural value
- The trip must be connected to an CCSS or other California standard
- The trip must be connected to closing the achievement gap with California Standards
- The trip must be connected to college or career education
- A lesson plan must accompany the trip request
- The trip has been approved by your administrator
- The trip will not cost the student any money
- The trip is not overnight, out-of-state, or out-of-country
- Out of town or overnight trips require prior Board approval.
- Athletic trips are arranged by Kris Sink, academic trips by Lourdes Magdaleno
- Sufficient funding is available
- Sufficient supervision is available - please list all chaperones
- Student deliverables are required at the conclusion of the trip i.e. student summation of the experience

BIRMINGHAM COMMUNITY CHARTER HIGH SCHOOL

Field Trip Timeline

Complete all steps outlined below. Please understand that your trip is not approved until all steps have been completed.

1. 30 School Days Prior to Field Trip Date

- a. Confirm with Ms. Angie Diaz in the main office that there are no conflicts with the master calendar
- b. Fill out specific trip information on "Request for Approval of School Organized Trips for Students" form.
- c. Fill out Transportation Field Trip Slip

2. 25 School Days Prior to Field Trip Date

- a. Return completed worksheets to your Administrator for approval.
- b. Ensure to include funding source for buses and substitutes.

3. 15 School Days Prior to Field Trip Date

- a. Complete information on Parent's/Guardian's Permission for a Field Trip and Authorization for Medical Care form (both sides) and make necessary copies for students
- b. Notify Cafeteria Manager that field trip lunches are needed, if applicable
- c. If students will ride in private vehicles, Liability Insurance section on the back side of the Trip Slip for Transportation by Private Auto Parent Authorization must be completed. *Students may not be driven by a student driver.*

4. 5 School Days Prior to Field Trip Date

- a. Assure students have completed, in ink, the Parent's/Guardian's Permission for a Field Trip and Authorization for Medical Care form (both sides) including date, time, destination
- b. Assure all teachers of each student have given approval for students to attend field trip
- c. Complete and provide to the Cafeteria Manager the "Requester for Field Trip Lunches" roster

5. 1 School Day Prior to Field Trip Date or Day of Field Trip

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- a. Complete "Sponsored Activity & Roster for All Traveling Students" with "Field Trip Emergency Information" forms (both sides) – keep one copy for yourself and send original to Ms. Bowdoin's office
 - b. Ensure that proper guidelines have been followed if students will be receiving lunches from the cafeteria
 - c. Notify all students of predetermined field trip meeting location and report time
 - d. (Day of field trip) Move all students to bus in an orderly manner
 - e. (Day of field trip) Take attendance on both "Rosters for All Traveling Students" as students board the bus – be sure students are clearly indicated as "boarded the bus" or absent
 - f. (Day of field trip) Take attendance on both "Rosters for All Traveling Students" as students board the bus at the end of the field trip – notify BCCHS immediately if not all students are present

Field trips utilizing adult or student drivers in private vehicles are never allowed unless previous arrangements have been made with and approval granted by Ms. Bowdoin.

Birmingham Community Charter High School

REQUEST FOR APPROVAL OF SCHOOL ORGANIZED TRIP FOR STUDENTS

CHECK THE APPROPRIATE BOX: ☐ Field Trip ☐ Curricular Trip ☐ Athletic Trip ☐ Other

APPLICANT INFO.					
Employee Supervising Trip:			Cell Number:		
REQUEST DATE:		SLC / DEPT.:			
*SOURCE OF FUNDS:					
1.	DESTINATION:		Destination Phone:	Are Admission fees charged: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Address:					
City:		State:	ZIP Code:		
2.	IS THE SITE A PRE-APPROVED SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO (If not, speak to Supervising Administrator)				
3.	DOES THE SITE REQUIRE PROOF OF INSURANCE FROM THE SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO (If so, contact Ms. Bowdoin in the Student Services Office.)				
4.	DATE(S) OF TRIP:		OVERNIGHT TRIP: <input type="checkbox"/> YES <input type="checkbox"/> NO		
5.	NUMBER OF STUDENTS:	NUMBER OF ADULTS:	SUFFICIENT SUPERVISION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
6.	NAME/EMPLOYEE NUMBER OF EMPLOYEES ATTENDING TRIP: (Provide attachment if not sufficient space.)				
Name: Cell:		Name: Cell:		Name: Cell:	
Name: Cell:		Name: Cell:		Name: Cell:	
7.	SUBSTITUTE REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW MANY?	DAYS:	
8.	TIME SCHEDULED REQUESTED BY SCHOOL:	LEAVE SCHOOL: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	ARRIVE DESTINATION: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	LEAVE DESTINATION: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	RETURN TO SCHOOL: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
9.	DURATION OF TRIP:	<input type="checkbox"/> Less Than One Day	<input type="checkbox"/> One Day	<input type="checkbox"/> Other _____	
10.	OVERNIGHT TRIP:	<input type="checkbox"/> One Day	How many days? _____	Trip must be BOARD approved. Minimum 45-day process time. See transportation Administrator.	
11.	METHOD OF TRANSPORTATION:	<input type="checkbox"/> School Bus How many?	<input type="checkbox"/> Walking	<input type="checkbox"/> Automobile	Public Carrier: <input type="checkbox"/> Airplane <input type="checkbox"/> Train <input type="checkbox"/> Boat <input type="checkbox"/> Other
Note: If using a personal automobile or public carrier please get guidance from Ms. Bowdoin in the Student Services Office.					
12.	BRIEF DESCRIPTION OF EDUCATIONAL GOAL TO BE DERIVED FROM THIS ACTIVITY. PLEASE STATE SPECIFICALLY AS AN INSTRUCTIONAL OBJECTIVE (NOT REQUIRED FOR ATHLETIC TRIPS).				
PURPOSE:					
BENEFIT TO STUDENTS:					
CURRICULAR AREAS ADDRESSED BY TRIP:					
<input type="checkbox"/> STANDARDS-BASED INSTRUCTION		<input type="checkbox"/> TECHNOLOGY INTEGRATION		<input type="checkbox"/> COLLEGE & CAREER	
<input type="checkbox"/> MULTICULTURAL AWARENESS		<input type="checkbox"/> INTERVENTION STRATEGIES		<input type="checkbox"/> OTHER _____	
DESCRIPTION OF THE STUDENT ASSIGNMENT AND ASSESSMENT CONNECTED TO THE TRIP (YOU MAY ATTACH ADDITIONAL PAGES IF NECESSARY):					

SCHOOL GOALS ADDRESSED: ☐ STU. DEMONSTRATE PROFICIENCY IN ALL CONTENT AREAS ☐ ENSURE DIPLOMA ELIGIBILITY
☐ INCREASE COLLEGE AND CAREER READINESS ☐ PROVIDE A POSITIVE SCHOOL CLIMATE
☐ INCREASE PARENT INVOLVEMENT FOR STUDENT ACADEMIC SUCCESS

LCAP GOALS:

FOLLOW-UP BENEFIT TO SCHOOL/COMMUNITY:

I will participate in the following Post-Curricular Trip Activities: (Check one or more)
☐ Design, implement, evaluate and share a Standards-Based Lesson based on this curricular trip
☐ Lead a Professional Development Session on: _____
☐ Report to my department, a charter standing committee or inter-departmentally.
☐ Other: _____

12. HAVE LOCATIONS OF THE NEAREST EMERGENCY FACILITIES BEEN OBTAINED? ☐ YES ☐ NO

13. HAVE FORMS FOR PARENT'S OR GUARDIAN'S PERMISSION BEEN OBTAINED? ☐ YES ☐ NO

14. IF HIKING OR CAMPING ACTIVITY:

a. Has a ranger, sheriff, police, or other emergency personnel been notified of intent to be in the area?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Has area been checked for potential hazards?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Has the School Police Department been notified of the trip?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Has approval been obtained from the Office of Outdoor Education?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Name: _____ Signature: _____ Date: _____

APPROVALS

A P P R O V A L S	CALENDAR – Angie Diaz	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SIGNATURE: _____	DATE: _____
	DEPARTMENT/ ACADEMY ADMINISTRATOR	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SIGNATURE: _____	DATE: _____
	TRANSPORTATION ADMINISTRATOR Tracie Bowdoin	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SIGNATURE: _____	DATE: _____
	PRINCIPAL (OVERNIGHT TRIPS)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SIGNATURE: _____	DATE: _____

Note: You MUST provide a Roster of Participating Students. Please attach to this form.

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TRIP NOT APPROVED

Reason: _____

Signature: _____ Date: _____

(BUSINESS OFFICE USE ONLY)

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TRIP COSTS

1. _____ # of Buses @ \$325.80 (5hrs.) and \$45 (each additional hour) = \$ _____
2. Substitute coverage needed for each teacher \$ _____
3. Food \$ _____ X _____ # of students = \$ _____
4. Admission Fee: \$ _____
(NOTE: Students may not be charged admission fees per California Education Code)
5. Other _____ @ \$ _____

FUNDING SOURCES: _____ @ \$ _____

Note:

BIRMINGHAM COMMUNITY CHARTER HIGH SCHOOL
Trip Slip for Transportation by Private Auto
PARENT CONSENT FOR FIELDTRIP, MEDICAL AUTHORIZATION AND STUDENT
TRANSPORTATION

To the Executive Director of Birmingham Community Charter High School (BCCHS):

PERMISSION TO PARTICIPATE

☒ _____ Has my permission to participate in the school curricular trip to:
(location) on _____ (Date)
Departure Time: _____ a.m./p.m. Return Time: _____ a.m./p.m.

Supervising Teacher(s) _____

Non-Certificated Chaperones as needed _____

Method of Transportation-Please Check One	Meals-Please Check One
<input type="checkbox"/> Walking: complete section UNT: on the back	<input type="checkbox"/> Pupil will be at school during Lunch
<input type="checkbox"/> School Bus or Charter Bus provided by the School: Complete Section TWO on the back	<input type="checkbox"/> Pupil should bring snacks/sack lunch GLASS CONTAINERS NOT PERMITTED
<input type="checkbox"/> Others such as airplane, train, van: Complete Section THREE on the back	<input type="checkbox"/> OTHER: _____

PARENTS - PLEASE NOTE: California Education Code, Section 35330 In part provides: All persons making the field trip are deemed to have waived all claims against BCCHS, the District and its employees and the State of California for injury, accident, illness or death occurring during or by reason of the field trip. In addition, If the trip is outside the state of California, all adults participating in the field trip and all parents or guardians of pupils taking the out of state trip are required to sign this statement waiving all claims.

I agree to direct my child to cooperate and conform to all rules and regulations governing conduct on this trip. Any violation of these rules and regulations may result in the school contacting parents/guardians and arranging transportation home for the pupil at the parents/guardians expense. I fully understand the following:

1. Participation in these activities are voluntary.
2. I may revoke this permission at any time by notifying the school in writing.
3. Revocation is not effective until receipt is acknowledged by the School.

Parent/Guardian Approval Signature _____

_____ Date

MEDICAL AUTHORIZATION

Should it become necessary for my child to have medical treatment while participating in this trip, I hereby give BCCHS personal permission to use their judgement in obtaining medical service for the child and I hereby give my permission to the physician selected by BCCHS personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that BCCHS has no insurance covering such medical or hospital costs incurred for my child and, therefore, any costs incurred for such treatment shall be my sole responsibility.

A special note to the parents/guardians:

- 1) Please check here if special instructions regarding medical treatment are on file with BCCHS. ☐
- 2) All medications must be registered on this form with a physician's written instructions on dispensing.

- 3) All prescriptions, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by BCCHS staff.

Check here if no blood transfusions or blood products are to be given. **D** _____

Student's Full Name _____

Student's DOB _____

Student's Address _____

Home Phone _____

Work/Business Phone _____

Area Code/ Number _____

Area Code/ Number _____

Cell Phone _____

Other Emergency Phone _____

Area Code/ Number _____

Area Code/ Number _____

Parent/Guardian Name (please print) _____

Signature _____

ADVANCE NOTIFICATION OF ABSENCE (Required Teacher Signatures if the trip is during school hours)

Teachers: Please acknowledge this student's absence by signing next to the class period in which he or she will be absent.

Requests to be excused from your class. He or she understands missed work is to be made up. To be valid the student must obtain all teacher signatures 10 days prior to the absence. Trip Spenser: Obtain trip approval and cross out any periods not covered by this request.

Date of School Trip **X** _____

Approved By **X** _____

Period	Teachers Signature	Period	Teachers Signature	Period	Teachers Signature
0		3		6	
1		4		7	
2		5		8	

TRANSPORTATION WAIVER

Section ONE – Method of transportation: WALKING

Parent Authorization for students to **WALK** in Connection with a School Activity:

School bus transportation is **NOT** provided for this trip, therefore I authorize my child to use the following mode of transportation to participate in the above event: **WALK to and FROM THE ACTIVITY**

In doing so I hereby expressly waive and release any and all rights of claims of any nature whatsoever I may have against BCCHS, the Governing Board of BCCHS, and its members and employees, arising out of, in connection with, or resulting from the above school activity.

Parent/Guardian Signature

Date

Section TWO – Method of transportation: SCHOOL BUS, CHARTER BUS PROVIDED BY THE SCHOOL and /or OTHER GROUP

Parent Authorization for student to ride a school bus, charter bus provided by the school and/or other group in connection with a school activity:

School bus or charter transportation **IS** provided for this trip, therefore I authorize my child to use the following mode of transportation to participate in the above event: **RIDE A SCHOOL BUS, CHARTER BUS PROVIDED BY THE SCHOOL AND/OR OTHER GROUP.**

In doing so I hereby expressly waive and release any and all rights of claims of any nature whatsoever I may have against BCCHS, the Governing Board of BCCHS, and its members and employees, arising out of, in connection with, or resulting from the above school activity.

Parent/Guardian Signature

Date

Section THREE – Method of transportation: OTHER

Parent Authorization for student to travel in connection with a School Activity in the following manner: _____

School bus transportation is **NOT** provided for this trip, therefore I authorize my child to use the following mode of transportation to participate in the above event: _____

In doing so I hereby expressly waive and release any and all rights of claims of any nature whatsoever I may have against BCCHS, the Governing Board of BCCHS, and its members and employees, arising out of, in connection with, or resulting from the above school activity.

Parent/Guardian Signature

Date



Birmingham Community Charter High School

Field Trip Lunch Request Form

Student Lunches: \$3.00 Adult Lunches \$5.00

Please complete and turn into your Administrator's Assistant. Allow **14** days in advance of your field trip or event. Please call 805-405-7261 or your Administrator's Assistant with any questions.

Contact Person (Admin Assistant): _____ Today's Date: _____

Phone Number/Email address: _____

Date of Event:	Teacher:	# of Student Lunches:
Times Lunches Needed:	Delivery or Pick Up?	# of Adult Lunches:
Department:	Specify delivery location:	
Special Instructions:		
Teacher Signature:		

MENU Enter the quantity in the box next to you preferred choice. All meals served with condiments, napkin and spork kit.

Entrée Choices		Side Choices		Beverage Choices	
	Turkey & Cheese Sub		Fresh Whole Fruit		Non fat Chocolate Milk
	Ham & Cheese Sub		Chilled Fruit		1% White Milk
	Vegetarian Wrap		Baby Carrots		Juice box

Additions	
	Chip for \$0.75 extra
	Cookie for \$0.50 extra

**We look forward to serving
you.
THANK YOU!**



Special Instructions for Administrative Assistants:

Please submit a Purchase Requisition in AptaFund. Once it is approved, please email the PO and this form **10-14 days** in advance of the field trip to mae.low@compass-usa.com and e.garcia@birminghamcharter.com.
STUDENT ROSTERS ARE NOT NEEDED.