



CALABASAS HIGH SCHOOL

22855 West Mulholland Highway, Calabasas, CA 91302-2099
Telephone (818) 222-7177 fax (818) 223-8477
Las Virgenes Unified School District

FIELD TRIP NOTIFICATION

The teachers who have signed below have been notified that _____
Print Student Name

Is requesting to participate in a field trip on _____. The above named student will take full responsibility to makeup class work and/or tests that he/she may miss due to this event. The student must notify all of their teachers prior to going on the field trip. Students will leave at _____ and return at _____.

Period	Subject	Teacher's Name	Teacher's Signature
1			
2			
3			
4			
5			
6			

Student Signature: _____ Date: _____

Field Trip Sponsor: _____ Date: _____

This form **MUST** be returned, along with the signed **Field Trip/Excursion Notification and Medical Treatment Form**, to your teacher by _____ in order to participate in the field trip.
Date

CALABASAS HIGH SCHOOL

FIELD TRIP REQUEST FORM

PLEASE ANSWER ALL QUESTIONS. THIS FORM MUST BE RECEIVED BY THE ASSIST. PRINCIPAL. OF ACTIVITIES AT LEAST 6 WEEKS PRIOR TO FIELD TRIP.

Teacher/Advisor: _____ Date of Trip: _____

Class/Group: _____ No. of Students: _____

Departure Time: _____ Return Time (to CHS): _____

Destination: _____

Address: _____

Contact: _____

Reason for Field Trip: _____

CA State Teaching Standard _____

ALL FIELD TRIPS ARE SUBJECT TO CLASSROOM TEACHER/ADMINISTRATOR APPROVING THE RELEASE OF INDIVIDUAL STUDENTS.

FIELD TRIP CATEGORIES:

A. Regularly scheduled Program, Competition or Performance. Trip is a requirement of the course (Minimum GPA of 2.0 verified by Coach/Teacher).

B. Curricular – Field trip enhances the course and supports standards.

C. Enrichment – Educational opportunity that is above and beyond the normal scope of a class, club, or other organization. When possible, enrichment opportunities should be scheduled at a time that does not impact instructional time.

Transportation: _____ School Bus _____ District Van

Funding source ASB or School Account Number: _____

Approved: _____ Denied : _____ Date: _____

Department Chair: _____ Date: _____
(If applicable)

Assistant Principal, Activities: _____ Date: _____

**LAS VIRGENES UNIFIED SCHOOL DISTRICT
STUDENT PARTICIPATION IN DISTRICT-SPONSORED VOLUNTARY FIELD TRIP
PARENTAL PERMISSION, ASSUMPTION OF RISK, AND
MEDICAL TREATMENT AUTHORIZATION**

Date: _____

Student's Name _____ has permission to participate in the following field trip:

Destination/Name of Activity _____
(Please be specific, e.g., Concert at UCLA).

Special Instructions: _____
(e.g., Bring sack lunch)

Depart Date: _____ Time: _____ Return Date: _____ Time: _____

Person in Charge: _____ Position: _____

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 attached pages: _____.
	Other: _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

As provided for in California Education Code Section 35330, I agree to waive all claims against the **Las Virgenes Unified School District** (District) and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

Signature (Parent/Guardian) (Please Print Name) Work Phone #

Home Phone #

Student's Signature Student's Date of Birth

Family Medical Insurance Carrier: _____ Policy No. _____
(e.g., Blue Cross)

In the event of an emergency, please contact:

Name Relationship to student Work Phone #

Home Phone #



818-880-4257 Office
818-880-5813 Fax

GROUP TRANSPORTATION REQUEST

NOTE: This form is used to request bus transportation for special trips or field trips.
A 24-hour notice of cancellation of trip is required to avoid penalty.

REQUEST NUMBER N ^o

SECTION A - To be completed by requestor (please type, or use ball-point pen and press firmly on hard surface. You are making 5 copies).

DISTRICT						
DATE OF TRIP		SCHOOL	SCHOOL PHONE	NUMBER OF PASSENGERS		
Day	Date			K-8	9-12	Adult
TEACHER IN CHARGE		GROUP		BUDGET NUMBER		
NAME OF REQUESTOR		PHONE NUMBER OF REQUESTOR		DATE OF REQUEST		

TIME BUS IS TO ARRIVE FOR PICKUP	✓		EXACT PICKUP LOCATION AND ADDRESS For Example: flag pole • loading zone 1212 Street Name • Anytown	DESTINATION WITH EXACT DROP POINT AND ADDRESS (SEE PICKUP EXAMPLE)	TIME BUS IS TO ARRIVE FOR DROP-OFF	✓	
	AM	PM				AM	PM

SECTION B
(To be completed after trip)

TIME TRIP ENDED
SIGNATURE OF DRIVER
COMMENTS
SIGNATURE OF TEACHER OR AUTHORIZED REPRESENTATIVE
SIGNATURE CONFIRMS TRIP WAS TAKEN
DATE SIGNED (MONTH/DAY/YEAR)

SECTION C
TO BE COMPLETED BY DURHAM SCHOOL SERVICES

CARRIER (NAME OR CODE NUMBER) DURHAM SCHOOL SERVICES			
PERSON CONTACTED			
DATE CARRIER CONTACTED			
PERSON CONTACTING CARRIER (NAME)			
BUS(ES) ORDERED	NUMBER OF BUSES	SIZE	TYPE
CHARGE TO (ACCOUNT CODES)			
<input type="checkbox"/> TRIP CANCELLED WITH PENALTY		<input type="checkbox"/> TRIP CANCELLED WITHOUT PENALTY	
ESTIMATED CHARGES		ACTUAL CHARGES	
\$		\$	

DISTRIBUTION: Original and Canary - Durham; Pink - District Administrator; Goldenrod - Teacher; Green - Requestor

LAS VIRGENES UNFLIED SCHOOL DISTRICT

REQUEST FOR DISTRICT VEHICLE

Section I

Date of Proposed Trip _____ School _____

Destination _____

Address _____ City _____

Total Number of Passengers/Including Driver* _____ Type of Group _____

Time and Date of Pick-up** _____ Time & Date of Return _____

Name of Teacher/Person in Charge of Group _____

Special Handling Requirement _____

Program To Be Charged:

Athletics - 11 x 145 _____
Field Trip - 11 x 180 _____
S.I.P. - 13 x 315 _____
Conference _____

01.0 00000.0 10005
00000 5215 0006502

Authorized Signature

Date of Request

***TOTAL OF EIGHT FOR LARGE VANS - TOTAL OF SEVEN FOR SMALLER VANS ** 6:45 AM EARLIEST PICK-UP**

TRANSPORTATION ACTION

Section II

_____ Your van request has been confirmed Vehicle No.(s) _____ Date _____

Comments: _____

_____ Sorry, there are no vehicles available at this time.

Maintenance, Operations, & Transportation

TRANSPORTATION CHARGES & COMMENTS

Section III

Vehicle # _____ Odometer Return _____

Date _____ Odometer Out _____

Passengers Transported _____ Total Miles _____

Driver _____ Maint. Svs Chg for Refueling _____

Comments: _____ Total Trip Cost _____