## FIELD TRIP CHECKLIST

	Principal Approval				
	Fill out Trip Request Form and send to Nicole at the Transportation				
	Department				
	Make sure Transportation Department receive form and have you scheduled				
	Complete Employee Request for Professional Leave for day of trip				
	a. This must be done at least one month ahead as all student trips must be				
	approved by the Board				
	Complete Requisition Form for Purchase Order				
	a. # students attending- need a final count a few days prior so checks can be written for correct amount				
	b. If paying restaurant directly while on the student trip a separate request will need to be filled out				
	c. Don't forget to complete a request to transportation department for driver trip + \$1/mile				
	After taking all costs into consideration:				
	a. Send home permission slips				
	b. Make sure to let parents know trip cost will be a donation and no refunds				
	will be given as the funds will be used for another trip in the future if				
	cancelled				
Day of	trip:				
	Post attendance before leaving				
	Count students off and on bus				
	Take checks/lunches/permission slips				

STUDENTS 09.36 AP.21

## **Trip** Request Form

This request must be received at the Bus Garage seven (7) days prior to departure date.					
Date Requested	Date of Bus Trip				
Destination					
Pickup Point					
Departure Time					
Return Time					
Round Trip Mileage					
Sponsored By					
	Number of Chaperones				
Staff member(s) designated to administer r	medication if necessary:				
Names of Chaperones Designated by the P	rincipal				
Have all chaperones undergone the Principal/Designee to supervise students?	required records check and been designated by t $\square$ Yes $\square$ No	the			
Number of Pupils	Budget Code				
Group	☐ Field Trip Roster sent to School Nurse				
Please check one:	☐ Van (6 or 7 passengers only)				
Is this request for: $\square$ Competition	☐ Non-Competition				
Driver/Bus Number (To Be Assigned by Transportation Manager)					
Approved By	Principal/designee.				
Bus Number/Driver Approved By	, Transportation Manager				
Comments:					
departure, etc.) and give to driver prior to o		and			
Copies: White – File Copy for Principal Remaining copies to Transportation Manager at Bus Compound.					
RELATED PROCEDURE:					

09.36 AP.1 (See section on **TEACHER'S RESPONSIBILITIES**) 09.36 AP.211

Review/Revised:4/23/13

PERSONNEL 03.19 AP.21

### **Employee Request for Professional Leave**

Name	Date			
PositionSchool/D	epartment			
I request professional leave on the following work days:				
Nature:Location	:			
(Attach agenda or con	nference information)			
Student Trips- Please Check One Box	<b>Employee Only- Please Check One Box</b>			
☐ In-State-Within 150 miles of school (requires Principal & Superintendent/Designee approval)	☐ In-State ☐ In-State Overnight (requires Superintendent/designee approval)			
☐ Out-of-State, overnight, or excess of 150 miles from school (requires Board approval)	☐ Out-of-State ☐ Out-of-State Overnight (requires Superintendent/designee approval)			
Approximate # of students attending:				
Bus Requested? ☐ Yes ☐ No				
Estimated Costs/Expense reimbursement requested (Policies 0	3.125/03.225)			
Failure to complete expense request could result in delay of ap	pproval.			
Conference Registration	\$			
Estimated Travel Cost: circle mode of travel and indicate mile	age or ticket cost: \$			
Personal Auto Passenger (no cost) Plane	School Vehicle (\$1/mi.)			
School Bus Other				
Estimated Hotel Cost:# of nights X room rate(list	st split rate if sharing room) \$			
Estimated Meal Per Diem (Meals cannot be reimbursed for "d	ay" trips.) \$			
List other costs (e.g. parking fees, taxi fares, checked luggage)	\$			
Substitute Required? ☐ Yes ☐ No (Estimate	te \$100 per day) \$			
<b>Estimated Total Cost</b>	\$			
Funding Source (circle all that apply): School Instru	uctional Funds School Activity Funds			
District Funds Grant Name Other _				
Funding Code(s):				
Employee	Immediate Supervisor (if approved)			
Signature of Superintendent/Designee				

All professional leave must be approved in advance by the Superintendent/Designee and/or Board. The original copy of the signed form should be attached to the Service Report.

#### **RELATED PROCEDURES:**

03.125 AP.21; 03.125 AP.22

# REQUISITION FORM FOR

## PURCHASE ORDER

Compa	ny/Vendor:	Date of	Date of Request:			
Compa	ny Phone #	Reques				
Compa	ny Address:	Employ				
		School	Department:			
<u>Fundin</u>	g Source (Please C	<u>Check):</u> <u>Purchase Type</u>	(Please Check):			
☐ SC ☐ GF ☐ MU ☐ DI	CHOOL ACTIVITY RANT UNIS/OTHER STRICT ACTIVITY	Y	KEC VENDOR PC/KEDC VENDOR TATE CONTRACT RAVEL REIMBURSI THER			
QTY	ITEM #	ITEM DESCRIPTION	UNIT COST	TOTAL COST		
		_				
SHIPPIN	IG/HANDLING	TOTAI	L REQUEST			
OFFICE U	JSE ONLY					
Vendo	or#		Gianatana CD	Famile		
Purcha	ase order#		Signature of Requesting Employee			
			Authorized Signature	e (Admin/Supervisor		
			Superintendent/Desi	gnee		

STUDENTS 09.36 AP.211

## School-Related Student Trip Permission Slips and Medical Release Form

Student's Name _						
	Last No			1	First Name	Middle Initial
School Year	Sc	chool				Grade
Mark if trip is:	□ OVERNIG	нт 🗆 С	OUT OF ST	ATE		
Trip Details:						
List Student's <b>Kno</b>	wn Allergies: _					
List Student's <b>Heal</b>	th Conditions:				IHP	on file in health unit
day. Include as-ne medications for all	eded any emer	gency med s/events, inc	ications. Tl	ne parent/g kend events,	uardian is re , overnight and	
*Medication Nam (on label or box)		Time(s) Ordered	Taken @ School	Taken @ Home		thorization to Carry and f-Administer?
(on label of box)	Ordered	Ordered	Belloof	Home	50	1 / Minimister :
to the staff member de	signated to provide and self-administe	e health servicer: Prescription	ces or the supe on meds must	rvising teache have written a	er/sponsor/coach f	and administer must be given or proper storage. rescribing healthcare provide
	UTILIZED	OFR OVERN	IGHT/OUT O	F STATE FII	ELD TRIPS ONLY	ζ
STUDENT'S HEALTI	HCARE PROVIDE	R:			Теі	EPHONE:
STUDENT'S HEALTI	H COVERAGE: _					
	(A copy of the st	udent's healtl	h coverage/ins	urance may b	e attached if prefe	rred.)
parent/guardian of the related student trip(s). my knowledge. I autho or I have directed if r authorize school perso deemed necessary in a	above named studied All health information trained school needed. In addition to have my an emergency for the contacted, school above the contacted, school and the contacted are the contacted.	lent, hereby g tion provided I personnel to i, in the even child transpo he health of s	tive permission by me to the coassist my chart of accident orted by EMS said child. In the	n for my child school for thi ild with his/ho or sudden illu- to the neare the event physi-	d to participate in s field trip is corr er medication as r ness while on the st hospital and an sician(s), parent(s	he trip sponsor. I, the lega the above-mentioned school ect and accurate to the best on ny child's healthcare provide school-related student trip, athorize treatment as may be one or other persons designated is deemed necessary in thei
Parent/G	Guardian's Signa	ture				 Date
	ardian telephone		formation:			_ 3,,,
5.34 04.				ild's teache	r/coach/sponsoi	•