RAISIN CITY ELEMENTARY SCHOOL

FIELD TRIP REQUEST FORM

Due 4 weeks prior to trip.

Today's Date: _____ Name: _____ Grade (s) _____

Date of Field Trip: _____ Alternate Date: _____

Departure Time: _____ (From School) Return Time: _____ (To School)

Transportation: Bus _____ Charter Bus: _____ (Seats 46) Van (seats 7): _____

Number of Buses Requested: _____
1. RC #102 Bus Capacity: 84 3 to a Seat 50-56 - 2 to a seat
2. RC #108 Bus Capacity: 62 (2 on one side 3 on other side per seat with Seat Belts)
3. Charter Bus Capacity: 46

Purpose of Trip: _____
Destination: _____
Address of Destination: _____
Other Stops: _____
Location of Food Stops (If applicable): _____
Special Request:
_____
# of Teacher(s) Going: _____ # of Students Going: _____
# of Adult Chaperones: _____ Total # of students and Adults: _____
COSTS: ($1.85 per mile to destination from SWTA & destination to SWTA, Plus $43.00 per hour for bus driver)
Estimated Cost: _____ Funded By: (If applicable)_____

# of Lunches Needed: _____ # of Breakfasts Needed: _____
The following must be provided the day of the trip:

1. A complete list of all the passengers (students and adults) that would be covered by RCSD Insurance. THIS LIST IS TO INCLUDE NAMES OF STUDENTS, TEACHERS, ALL ADULT, PHONE NUMBER AND EMERGENCY NUMBER
   A. THREE COPIES: 1-the Office 1-the Cafeteria 1-Take with You
   B. COPIES OF THE EMERGENCY CARDS ARE TO BE TAKEN WITH YOU. Leave a copy in the office.

Obtain Approval from the principal.

Principal Approval: _____ Date Submitted: _____
Give original copy to Office. Initials (Anna) _____ Give copy of ONLY **Field Trip Form** to Mr. Rivas.
And obtain Initials: _____
OFFICE ONLY: Date Board Approval/Denial: _____
Sent to Tiffany Huber Date: _____

1. Start early as possible, It will take three 4 weeks to process and to insure bus availability for long distance trips; and to insure Board Approval for requested items.
2. Obtain approval from Mrs. Juarez.
3. Complete the "Field Trip Request Form" fully and accurately.
4. Research Field Trip. Retrieve flyer/brochure with all information and add to the packet.
5. Complete a Purchase Order Requisition Form (available on website under Teacher Links or in the office). Obtain signature from the principal through Anna.
6. Request quotes for bus transportation from Southwest Transportation Agency at 644-1080, for cost that you will need to state on this form.
7. Obtain Mr. Rivas' initial signature verifying lunches will be needed or not needed.
8. ONCE COMPLETED, MAKE YOURSELF A COPY THEN GIVE ORIGINAL OF ALL PAPER WORK TO ANNA. SHE WILL PREPARE THE BOARD PACKET FOR BOARD APROVAL AND DISTRIBUTE TO THE APPROPRIATE PEOPLE. She will confirm to you on the day after the board meeting whether your trip was approved or not.

YOUR FIELD TRIP PACKET SHOULD INCLUDE THE FOLLOWING:

1. Field Trip Request Form (Teacher Links or in the office)
2. Purchase Order Requisition Form (Teacher Links)
3. Field Trip Brochure or Website Information about the trip. Include costs and Information

Raisin City Elementary School / Escuela Primaria de Raisin City

FIELD TRIP Permission Form/*Formulario de Permiso para PASEO*

Student's Name / *Nombre Del Alumno* _____

Date of Birth / *Fecha De Nacimiento* _____

Name of class (i.e. 5th Grade, Science, etc.) / *Nombre de la clase (quinto, ciencias, etc.)* _____

I give permission for my child to participate in the following field trip:
Doy mi permiso para que mi hijo(a) participe en esta excursión:

_____

I understand that participation by my child is voluntary and I have directed my child to obey the instructions of the school district personnel supervising this activity. Note: Student may not be transported by anyone other than his/her parent.

Entiendo que la participación de mi hijo(a) es voluntaria y he dirigido a mi hijo(a) a obedecer las instrucciones de las personas supervisando esta actividad. Note: No se puede transportar al niño nadie mas que su padre o madre.

Emergency Information / *Información de Emergencia*

Home Telephone Number / Teléfono del hogar _____

Business Telephone Number / Teléfono del trabajo _____

Emergency Number / Teléfono para emergencias _____

Home Address (not P.O. Box) / *Dirección del hogar (no el cajón)* _____

Alternative Contact / *Contacto alternativo* _____

Relationship / *Relación* _____

Telephone Number / *Numero de teléfono* _____

Drug Allergies / *Alergias a medicamentos* _____

Medical Problems / *Problemas medicas* _____

Medications / *Medicamentos* _____

☐ Please check here if special instructions regarding medical treatment are on file in the school office
Marque aquí si hay instrucciones especiales tocante al tratamiento medico en la oficina de la escuela

Every attempt shall be made to contact parents, but in the event of a serious medical condition and parents cannot be reached… I hereby authorize school district personnel supervising this field trip to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general and special supervision and upon the advice of a physician or surgeon licensed under the provisions of the California Medical Practice act or the laws governing the state or country in which the field trip is occurring and any X-ray, anesthetic, dental or licensed surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the California Dental Practice Act or the laws of the state or country in which this field trip is occurring.

Se intentara contactar a los padres, pero si hay condición medica seria y no se pueden hallar a los padres… Autorizo al personal del distrito escolar quienes están encargados a esta excursión que den sus consejos a cualquier examen de rayos equis, anestésico, diagnosis de cirujano o tratamiento y cuido del hospital que se debe de dar a este menor de edad bajo la supervisión general y especifica tocante al consejo de un medico o cirujano licenciado bajo las provisiones del Acto Medico de California (California Medical Practice Act) o las leyes que gobierno el estado o condado en cual ocurre la excursión y cualquier diagnosis de rayo equis, anestésico dental o de cirujano o tratamiento y cuido hospital que se debe de dar a tal menor de edad por un dentista licenciado bajo las provisiones del Acto Dental de California (California Dental Practice Act) o las leyes del estado o condad en el cual ocurre la excursión.

Parent Signature / Firma de padres _____

Date / Fecha _____

MASTER CALENDAR EVENT REQUEST

Requested By: _____ Date of Request: _____

Event: _____ # of Students: _____ Adults: _____

Date of Event: _____ Start Time: _____ Ending Time: _____

Where Event will be Held: _____

What Set-Up is required: _____

_____

Is Sound System or other equipment required: _____

Is Admission being charged? _____ Amount: _____

Raisin City Elementary School

Student Lunch Request Form

(This form must be submitted to cafeteria manager 2 weeks prior to the field trip)

Teacher: _____ Room Number: _____

Date of Field Trip: _____ Departure Time: _____

I would like to request _____ lunches for the following students.

Student's Name	(For Cafeteria use only) I.D Number	Verified

_____ _____

Cafeteria Manager Approval Teacher's Signature

_____ _____

Date Date

Raisin City Elementary School

Teacher Field Trip Checklist

		Teacher	Office
Items 1 – 6 should be taken care of 2 weeks prior to trip			
1.	Field trip request form submitted and approved.	_____	_____
2.	Master Calendar/Event request given to main office.	_____	_____
3.	Bus request is submitted by Anna Rasmussen.	_____	_____
4.	Submit a list of students needing medication/wheel chair to Jessica Ortiz	_____	_____
5.	Send home a short letter to parents discussing field trip details Including deadline for Permission Form.	_____	_____
6.	Lunch request form to Cafeteria Manager	_____	_____
Items 7 – 11 must be taken care of prior to leaving			
7.	Permission slip signed by parent. ***(Leave one set in office on day of trip)***	_____	_____
8.	Submit a list of students attending the field trip for the bus driver	_____	_____
9.	There should be one adult chaperone for every 10 students. They are listed below: _____ _____ _____	_____	_____
10.	Take roll before leaving the morning of the field trip.	_____	_____
11.	The following students have not met the necessary behavioral requirements to attend the trip and need to discuss assignments for the day. _____ _____ _____	_____	_____
12.	Take the First Aid kit from the classroom.	_____	_____

_____ _____

Teacher Signature Date

_____ _____

Principal Signature Date

:ar 8/23
6/10

**Completed form must be turned in to Anna Rasmussen on the day of field trip.