

PROCEDURES FOR TRANSPORTATION REQUEST

The Selah School District *Travel Request Form* located on the back of this page, is to be used by all Selah School District personnel requesting permission to travel out of the District. The *Travel Request Form* is to be completed by the individual requesting permission to travel and submitted to his/her supervisor for prior approval **at least one week prior to the anticipated travel**. The supervisor will identify the specific budget to charge the travel expenditure. *Travel Request Forms* approved by the supervisor will be forwarded to the Superintendent's office for final approval, dependent on the availability of funds in the appropriate budget and the appropriateness of the request. The District's expectation is that staff will carpool whenever possible.

GENERAL INFORMATION

- A) All requests must be first approved by your immediate supervisor.
- B) All claims for expenses, within the limits allowed, must be submitted within thirty (30) days of activity.
- C) Reimbursement, within the limits allowed, will only be provided when proper receipts (except for meals while in overnight status) are attached to the expense claim.
- D) ***District vehicle(s) are to be used, if available, before reimbursement for private vehicles can be provided, unless prior permission is granted (via Travel Request Form). When more than one person is attending the same meeting/conference transportation needs are to be consolidated.***
- E) Meals which are not included as a portion of registration fees will be reimbursed only when prior approved travel is required per Per Diem Policy: \$15 for breakfast, \$18 for lunch, and \$26 for dinner. A staff member or District officer may be reimbursed for reasonable amounts for such services as baggage handling when the costs are incurred while the individual is engaged in District business or other approved travel.
- F) If you're involved in a traffic accident, notify the police. Do not make any statements which may be held against you. Call your supervisor or one of the administrators. District cell or home phone numbers:

Kevin McKay	945-1956		Sarah Hansen	901-0693
Chris Scacco	952-8177		Bethany Cardenas	969-8468
Alicia Jacob	969-2853		Lee Grams	388-1815
Chad Quigley	833-8480		Marc Gallaway	728-1554
Kristi Irion	584-6103		Paul Hudson	961-0453
Amanda Scribner	388-8824		Colton Monti	930-9557
Irina Stoica	379-3034		Brandon Gilliespie	985-9969
Cesar Ortiz	823-8515		Joe Coscarart	728-5788

If an accident should occur, obtain the following information:

Name of other driver: _____

Vehicle license number: _____

Other driver's insurance company: _____

Witnesses Names/Addresses/Phones: _____

Injuries, if any _____

Police officer at scene: _____

STUDENT FIELD TRIP REQUEST

Please complete and submit to your principal, Transportation Secretary (fax 698-8334), Nutrition Services secretary (janellewehrman@selahschools.org), and District Nurse (fax 698-8185) at least fifteen (15) school days prior to your scheduled trip to allow for scheduling of substitutes, buses and sack lunches.

Date: _____

1. This field trip will be funded by – Please check appropriate box(es):

Estimated Cost:

Registration \$ _____
 Lodging \$ _____
 Transportation \$ _____
 Other \$ _____
 TOTAL COST \$ _____

Fund Source (check all that apply):

Bldg \$ _____ Grant \$ _____
 ASB \$ _____ Family/Student Contribution \$ _____
 PTO \$ _____ Other \$ _____ (explain) _____
 Fundraising \$ _____ (describe) _____
 Sub Needed? Yes No If so, total cost \$ _____

2. Name of supervising teacher(s): _____

3. Title of class or name of group: _____

4. Destination: _____

THE TRANSPORTATION DEPARTMENT NEEDS 10 DAYS' ADVANCE NOTICE PRIOR TO THE TRIP DATE.

5. Date of trip: _____ 20_____
(day of week) (month) (date(s)) (year)

6. Expected departure time: _____ Location: _____

Expected arrival time at destination: _____ Leave time from event: _____

Expected time of return to Selah: _____ Location: _____

Entered to File Maker Pro (secretary) Date: _____

7. Number of students taking field trip: _____

8. Number of adults to assist you: _____ Names: _____

9. Have arrangements been made with host agency? Yes No

10. Have parent permission slips been arranged? Yes No

11. Have parents been notified of the purpose of the trip, location, length of time, cost involved, eating arrangements, clothing...etc.? Yes No

12. Describe special arrangements (i.e. eating, financial assistance, special transportation accommodations, etc.) : _____

13. Does this field trip have a curricular purpose? If so, include the Grade Level Expectations to be taught or reinforced. _____

14. Are the students aware of the objectives of the field trip and expectations as far as assignments after the field trip? _____

15. Lunches NO YES Tentative number of sack lunches needed _____ (required two (2) weeks before trip). Sack Lunch Request Form required ten (10) days prior to the field trip to the SIS Central Kitchen.

16. Telephone number where you can be reached in case of emergency: _____

17. Name of staff member responsible for medical information/care of students (see health room/front office for pertinent medical information): _____.

Approval of Principal _____	Date _____
(Signature)	
Approval of Superintendent or Designee _____	Date _____
(Signature)	

SACK LUNCH REQUEST FORM

Please fill out and email this completed worksheet to Nutrition Services at JanelleWehrman@selahschools.org (ph. 698-8071) ten (10) days prior to the field trip.

- 1. Teacher _____
- 2. School _____ Group _____
- 3. Date of field trip _____
- 4. Number of sack lunches needed _____
- 5. Person picking up sacks _____
- 6. Time sack lunches needed _____

If sack lunches are needed before 8:00 a.m., special arrangements must be made with your school kitchen.

Please complete the form below, including student name and ID number, or attach a class list indicating students requesting sack lunches. Also include first and last names of students/staff/parents requesting a sack lunch.

Please keep in mind the following procedures when picking up sack lunches:

- Must have copy of this memo with students/staff/parents names to use as a checklist when sacks are handed out. Please sign and send this list to the kitchen when **you return from your field trip or no later than the following morning.**
- Report any absences to respective school office (e-mail, phone, or note) and kitchen (via phone only).
- Additions are highly discouraged within two (2) days of the trip due to allergy concerns. Special circumstances should be communicated to the Nutrition Services Secretary 698-8196 in advance of the field trip date.
- When sack lunches leave the kitchen, they are considered sold and will be charged to the student account. Therefore, absolutely no returns or refunds will be allowed.

Student Name	Student ID Number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____

FIELD TRIP/ACTIVITY PERMISSION SLIP

An activity has been scheduled for _____ to travel to _____
(Name of class or group)

_____ This group will leave from _____
(Destination) (Location)

at _____ on _____ and expect to arrive back to _____
(Time) (Date) (Location)

at approximately _____ on _____
(Time) (Date)

I understand, and my student understands, the rules of behavior on this trip will be the same as for all school functions, whether at school or away from school. I give permission for _____ (student) to attend this field trip under the direction of _____ (adult sponsor). This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. Although I understand the school district will make reasonable effort to provide a safe environment, I am fully aware that there are risks associated with participation in field trip activities away from school and I accept full responsibility for the behavior of my child during this activity. In case of an emergency, I authorize qualified health or emergency response professionals to provide assessment and treatment. I understand responsibility for any emergency medical attention/treatment would be mine. I also understand the Selah School District No. 119, its appointed/elected officials and employees will not assume liability for costs incurred because of accident, injury, illness, and/or unforeseen circumstances. Being aware of the risks, I hereby give consent for my child to participate in the activity.

(Signature of parent/guardian) (date)

- My student requires medication on this field trip that is not already given/taken at school. ***Parent/guardian must return medication authorization form prior to field trip.
- My student DOES NOT require medication on this field trip.

DETAIL OF APPROXIMATE COST OF THE FIELD TRIP

1) ACCOMMODATIONS -

Indicate appropriate number for each:

NAME OF MOTEL/HOTEL _____

ADDRESS _____

_____ Male Students

_____ Female Students

_____ Male Chaperone(s)

_____ Female Chaperone(s)

_____ Bus Driver

_____ Advisor/Coach

PHONE _____ ROOM # _____

Figuring four people of the same gender per room the cost of the accommodations will be as follows:

$$\begin{array}{r}
 \$ \underline{\hspace{2cm}} \quad \times \quad \underline{\hspace{2cm}} \quad \times \quad \underline{\hspace{2cm}} \quad = \quad \$ \underline{\hspace{2cm}} \\
 \text{(Cost per room)} \quad \quad \quad \text{(\# of rooms)} \quad \text{(\# of nights)} \\
 \textbf{\$ TOTAL COST OF ACCOMMODATIONS}
 \end{array}$$

2) REGISTRATION -

$$\begin{array}{r}
 \$ \underline{\hspace{2cm}} \quad \times \quad \underline{\hspace{2cm}} \quad = \quad \$ \underline{\hspace{2cm}} \\
 \text{(Cost per person)} \quad \quad \quad \text{(\# of people)} \\
 \textbf{\$ TOTAL COST OF REGISTRATION}
 \end{array}$$

3) TRANSPORTATION -

THE GROUP WILL TRAVEL TO _____
(Destination)

BY: (Check all that apply):

BUS (Estimate \$2.00/mile plus driver wages) = \$ _____

DISTRICT VEHICLE (Estimate \$.67/mile) = \$ _____

AIRPLANE = \$ _____

OTHER _____ = \$ _____

(Describe)

$$\begin{array}{r}
 = \quad \$ \underline{\hspace{2cm}} \\
 \textbf{\$ TOTAL COST OF TRANSPORTATION}
 \end{array}$$

4) MEALS - (Do not include student meals if this is an ASB sponsored group.)

$$\begin{array}{r}
 \underline{\hspace{2cm}} \quad \times \quad \underline{\hspace{2cm}} \quad \times \quad \underline{\hspace{2cm}} \quad = \quad \$ \underline{\hspace{2cm}} \quad \text{BREAKFAST TOTAL} \\
 \text{(\# of breakfasts)} \quad \quad \quad \text{(\# of people)} \quad \quad \quad \text{(per diem rate)}
 \end{array}$$

$$\begin{array}{r}
 \underline{\hspace{2cm}} \quad \times \quad \underline{\hspace{2cm}} \quad \times \quad \underline{\hspace{2cm}} \quad = \quad \$ \underline{\hspace{2cm}} \quad \text{LUNCH TOTAL} \\
 \text{(\# of lunches)} \quad \quad \quad \text{(\# of people)} \quad \quad \quad \text{(per diem rate)}
 \end{array}$$

$$\begin{array}{r}
 \underline{\hspace{2cm}} \quad \times \quad \underline{\hspace{2cm}} \quad \times \quad \underline{\hspace{2cm}} \quad = \quad \$ \underline{\hspace{2cm}} \quad \text{DINNER TOTAL} \\
 \text{(\# of dinners)} \quad \quad \quad \text{(\# of people)} \quad \quad \quad \text{(per diem rate)}
 \end{array}$$

$$\begin{array}{r}
 \$ \underline{\hspace{2cm}} \quad + \quad \$ \underline{\hspace{2cm}} \quad + \quad \$ \underline{\hspace{2cm}} \quad = \quad \$ \underline{\hspace{2cm}} \\
 \text{(Breakfast total)} \quad \quad \quad \text{(Lunch total)} \quad \quad \quad \text{(Dinner total)} \\
 \textbf{\$ TOTAL COST OF MEALS}
 \end{array}$$

5) SUBSTITUTE COSTS -

$$\begin{array}{r}
 \underline{\hspace{2cm}} \quad \times \quad \underline{\hspace{2cm}} \quad \times \quad \underline{\hspace{2cm}} \quad = \quad \$ \underline{\hspace{2cm}} \\
 \text{(\# of substitutes)} \quad \quad \quad \text{(\# of days)} \quad \quad \quad \text{(Rate per day)} \\
 \textbf{\$ TOTAL COST OF SUBSTITUTES}
 \end{array}$$

Names of personnel requiring substitutes:

6) OTHER COSTS -

List any other District costs associated with this trip, should it be approved:

$$\begin{array}{r}
 \$ \underline{\hspace{2cm}} \\
 \textbf{\$ TOTAL OF OTHER COSTS}
 \end{array}$$

7) TOTAL COST OF FIELD TRIP -

$$\begin{array}{r}
 \$ \underline{\hspace{2cm}} \\
 \textbf{\$ TOTAL COST OF FIELD TRIP}
 \end{array}$$