

Same Day Field Trip Check Off Form

In-state (day only) field trips must be turned in three weeks in advance.

Teacher Name: _____ Date of Field Trip: _____ Date of Application: _____

Destination: _____

This is the first step in organizing your field trip. It is important that the following information be obtained and completed before turning in your field trip packet.

Please determine who will be approving payment of your trip and check next to the appropriate name.

- | | |
|---|--|
| <input type="checkbox"/> Building/CTE – Principal | <input type="checkbox"/> Department – Department Chair |
| <input type="checkbox"/> ASB – ASB Administrator | <input type="checkbox"/> ASB – Student Signature |

The field trip packet should contain the following

- Request for Approval of Field Trip (Green Form 2320F2a)
- Field Trip Activities Consent/Clearance Form (Blue Form 2320F2)
- Transportation Request Form (If more than one bus or van is required for a trip, a separate form must be filled out for each vehicle). Please note only District employees are able to drive District vehicles.
- District Travel Request Form for absence completed for every staff member (including coaches) traveling with the group (whether a sub is needed or not) and a list of all volunteer chaperones (all volunteers must have a current volunteer packet on file).
- Parent Letter with all information regarding the trip.
- Information for District approval for the trip (supervisory letter including: itinerary, chaperones, etc.)
- Requisition for any expenses, including a copy of any prospective bills (event admission, etc.)
- Purchase order number (if available)
- Student roster and approved chaperones (be sure to email list of students attending to the attendance office)
- If ASB Field Trip ASB Minutes must be attached

Please turn in the completed packet to bookkeeper's office if it's ASB or principal's assistant if it's General Fund/CTE for processing

FIELD TRIP ACTIVITIES CONSENT/CLEARANCE FORM

Today's Date: _____

Student's Name: _____ School: _____

TRIP INFORMATION: *(To be completed by the field trip organizer)*

A well planned field trip is an integral part of an educational program. The Snohomish School District takes care in providing for the safety and welfare of students while they are off campus. Supervision is provided by responsible staff members and/or volunteers.

Staff Member in Charge: _____ Grade Level/Dept.: _____

Date of Trip: _____ Destination: _____

Departure Time: _____ Return Time: _____

Cost for trip: _____ Payment date: _____

Purpose of Trip: _____

Mode of Transportation:

- District-Owned: Bus Van Car

I have verified drivers of District vehicles are employed by the District and have a Type 1 (renewed annually) on file.

- Other (specify) _____

(Commercial transportation must be accompanied by a Certificate of Insurance, with no less than \$1,000,000 combined single limit.)

PARENT/GUARDIAN CONSENT:

Parents should sign after all teachers have signed and/or commented on back (Secondary Only)

As a parent or legal guardian, I authorize a qualified physician or other health care provider to examine the above-named student and, in the event of injury, to administer emergency care and to ensure proper care of any injury as deemed necessary:

Yes No

In the event it becomes necessary for Snohomish School District staff-in-charge to obtain emergency care for your student, neither he/she nor the Snohomish School District assumes financial liability for expenses incurred because of accident, injury, illness and/or unforeseen circumstances.

I have read the trip information and understand that the school district will make every reasonable effort to provide a safe environment. I am fully aware of any risks inherent in participating in this type of activity. Being fully informed as to these risks, I hereby consent to my child participating in the activity. If I am signing on behalf of a minor, I recognize that I may not release any claims the minor may have. However, I also agree to hold harmless and indemnify Snohomish School District for any claims brought by the minor, or others due to the negligence of the minor.

Student's Name: _____

Printed name of Guardian name (1): _____ (H) Phone #: _____

Signature _____ Date: _____ (C) Phone #: _____

Printed name of Guardian name (2): _____ (H) Phone #: _____

Signature _____ Date: _____ (C) Phone #: _____

LIST ANY SPECIAL MEDICAL or OTHER INFORMATION (allergies, asthma, diabetes, etc.)

In the event of an emergency (injury, illness), I wish the following person to be notified in case I cannot be contacted:

Emergency Contact: _____ Phone#: _____

Emergency Contact _____ Phone#: _____

Teacher Input/Comments (Secondary Only)

Period 1: _____ Teacher: _____

Recommended Not Recommended

If not recommended, why: _____

Missed work instructions: _____

Period 2: _____ Teacher: _____

Recommended Not Recommended

If not recommended, why: _____

Missed work instructions: _____

Period 3: _____ Teacher: _____

Recommended Not Recommended

If not recommended, why: _____

Missed work instructions: _____

Period 4: _____ Teacher: _____

Recommended Not Recommended

If not recommended, why: _____

Missed work instructions: _____

Period 5: _____ Teacher: _____

Recommended Not Recommended

If not recommended, why: _____

Missed work instructions: _____

Period 6: _____ Teacher: _____

Recommended Not Recommended

If not recommended, why: _____

Missed work instructions: _____

REQUEST FOR APPROVAL OF DAY FIELD TRIP

Please complete this form at least three weeks in advance of trip and submit to your building administrator for approval. All necessary arrangements must be approved by principal or designee.

Person in Charge of Trip: _____ Today's Date: _____

School: _____ Group/Class: _____ Grade(s): _____

Number of Students: _____ Number of Chaperones: Staff _____ Parents _____ Other Volunteers _____

I have verified volunteers have a WA State Patrol check and completed Criminal History Disclosure form on file prior to unsupervised contact with students.

Destination: _____

Address: _____ Map Attached?

Date of Trip: Departure: _____ Return: _____

Time of Trip: Departure: _____ Return: _____

Mode of Transportation:

- District-Owned: Bus Van Car

I have verified District drivers are employed by the District and have a Type I (renewed annually) on file.

- Other (specify) _____

(Commercial transportation must be accompanied by a Certificate of Insurance, with no less than \$1,000,000 combined single limit.)

Estimated Cost Breakdown:

Funding Source:

Registration/Fees \$ _____

Substitutes \$ _____

Transportation \$ _____

Meals \$ _____

Miscellaneous \$ _____

Total \$ _____

Cost per Student: \$ _____

Budget Code: _____ Budget Code: _____

Signature of Accountable Administrator

Signature of Accountable Administrator

ASB Funded: Yes No ASB Student Signature/Approval (if applicable) _____

Monetary Assistance for students and families in need: Describe how this is communicated, accessed, and funded

Source: InvestEd Scholarship Grants Fundraising Parent Club Other _____

Purpose of Trip: (specific subject/unit/topic in course of study related to trip) _____

Outcome of Trip: (specific goals and objectives to be achieved by this trip) _____

Preparation: (specific description of motivational activities preceding trip) _____

Nature of Activities: (specific description of educational experiences during trip) _____

Note: Prior to all field trips, student rosters must be submitted to the Attendance Office and parent permission slips must be on file.

Signature/Approval of Principal: _____ Date: _____

Date submitted: _____

Snohomish School District # 201
TRANSPORTATION REQUEST
360-563-3526

Request must be submitted to transportation two weeks prior to day trips and three months prior to overnight/out of state trips

Vehicle requested: _____ How many buses requested: _____

Estimated # passengers: _____

Small Bus (14-28 Kids)

Bus for Instruments

LG Bus (1-55 Secondary) (1-65 Elementary)

Big Bus (1-81) Elementary Kids only! Note: Subtract a seat per adult.

Is a bus with undercarriage needed for luggage, large objects, etc.?

Yes

No

Wheelchair Bus

District Van only

Van (7+ Driver)

Van (9+ Driver)

Other: _____

*If this is a Charter Exchange please contact _____ so the school can decide if they need to cancel the trip

Requested by: _____ Cell Phone: _____

School: _____

Trip Name: _____ Date of trip: _____

Reason for the trip: _____

TRIP TIMES

Depart date: _____ Depart time: _____ Return date: _____ Return time: _____

Destination: _____ Address (required): _____

Drivers stay Yes No

Drop off only Yes No Pick-up time: _____ (for return trip)

District Van Use Only:

Driver Name: _____ Starting Mileage: _____

Driver Signature: _____ Ending Mileage: _____

Vehicle #: _____ Total Trip Mileage: _____

BILLING INFORMATION- *Must have signatures if paid by ASB

ASB account number: _____ Student signature: _____

General Fund account number: _____

Principal/Budget Supervisor signature: _____ Date: _____

IF AN EMERGENCY, FIRST CALL 911

Jay Smith, Asst. Supervisor: 425-238-0780

Transportation office: 360-563-3525/3526

Veronica Schmidt, Trans. Supervisor: 360-239-2516

Bus Garage/Shop: 360-563-3529

Theresa Philips, Dispatcher: 425-299-8206 (cell) 360-422-6621