

SHAWNEE MISSION SCHOOL DISTRICT FIELD TRIP APPLICATION AND PERMISSION FORM

APPENDIX A:

KANSAS SCHOOL TRANSPORTATION REGULATIONS

A. Passenger Conduct

1. The requirements of this regulation shall apply to all passengers when transported in a school bus.
2. The bus driver shall be in charge of all passengers while they are loading, riding on, or unloading from the bus.
3. The bus driver shall have the authority to assign a seat to each passenger.
4. Students shall not stand in the traveled portion of a roadway while waiting for a bus.
5. Students shall not extend any part of their body out of the bus windows.
6. Students shall not get on or off the bus, or move about, while the bus is in motion.
7. Smoking shall be prohibited.
8. The possession, use, transfer, or sale of tobacco products, alcohol, over the counter or prescription medication, or illegal or restricted substances is prohibited.
9. Animals shall not be transported in a bus.
10. No weapons of any type, except side arms carried by a law enforcement officer, shall be transported on a bus.

BOARD POLICY IFCC: OVERNIGHT ACCOMMODATIONS

As required by Kansas law, K.S.A. 72-6286, and so long as the statute is not pre-empted by the protections for transgender students under Title IX, during District-sponsored travel that requires overnight stays by students, separate overnight accommodations will be provided for students of each biological sex, as that term is defined under statute. This policy will be provided to parents prior to a student's participation in such travel.

APPENDIX B: FIELD TRIP APPLICATION AND PERMISSION FORM

Within School Day ☐ Beyond School Day ☐ Overnight ☐ Name of School _____

School Organization Applying _____

Date(s) of Field Trip: _____ Time of Departure _____ Estimated Time of Return _____

Field Trip Origination and Termination Point _____

Specific Location of Field Trip Activity _____ (Specific Place, City, State)

Rationale for Taking This Field Trip _____

Mode of Transportation _____ (Name of Carrier and Type of Transportation)

Cost Per Student _____ How Financed _____

Number of Students Involved _____ Number of Supervisory Personnel Involved _____

Brief Itinerary of This Field Trip _____

Requested By: _____ (Teacher/Sponsor Signature) Date: _____

☐ (Required) The School Nurse at the home attendance building has been provided notice of all students attending this field trip in order to provide for the medical needs in transport and at the field trip destination. * A copy of this form has been given to the nurse. *

☐ (If Applicable) The Reimbursable Lunch Order Form was completed and given to the Kitchen Manager.

(Building Principal) _____ (Date) ☐ Approved ☐ Disapproved

(District Administrator) _____ (Date) ☐ Approved ☐ Disapproved

The purpose of this form is to inform you of the above planned activity. Before your child will be allowed to participate in the above activity, it will be necessary for you to provide your consent. This activity will be supervised by adults and follow. It may be necessary to alter some of the details of this activity outlined above, but efforts will be made to retain normal supervision for the safety and welfare of all field trip participants. Please mark one of the statements below and sign where indicated. Failure to return this form will prevent your child from participating in the above activity.

☐ My child **may** participate in this activity. ☐ My child **may not** participate in this activity. (↓ If child **may not**, please see below.)

Reason child **may not** participate in this activity: _____

Student Signature (If 18 years old)

Parent Signature

Date

Student Name (Please Print)

Parent Name (Please Print)

Revised 9/2023