

FIELD TRIPS

Field trips planned by teachers and classes should be direct outgrowths of the curriculum. The purpose of a field trip is to have the students make contact with resources not available in the classroom.

Field trips scheduled during the regular school day are a part of the curriculum and must provide for all the children to attend. The trips are not rewards. The trips should be scheduled for an entire team or entire class. Special interest trips may be scheduled if based on an officially organized school group (i.e., Band, Student Council, etc.).

The teachers and administration reserve the right to deny any student from going on a field trip. ***If a student violates the code of conduct and receives an In-School or Out-of-School within 30 days of the date of the field trip, he or she will not be permitted to go on the field trip.** If the school denies a child permission to go on a field trip, an alternative in-school educational program will be offered that day.

Field trips are non-refundable unless the student does not attend as a result of an illness, family emergency or disciplinary action taken by the school administration. In some cases, no refunds can be made as a result of previous commitments. **If a refund is required to a student, the team leader is responsible for informing the parents of the trip denial, if necessary, and making arrangements for the refund with the principal's secretary by submitting a Student Reimbursement Request.**

FIELD TRIP CHECKLIST

1. Complete and submit the following to the principal's secretary at least **six (6) weeks** before the scheduled trip:

- _____ **Request for Field Trip Form**
- _____ **Bus Transportation Request Form** (if necessary)
- _____ **Field Trip Permission Slip** (sample that you will use)

- When completing the Bus Transportation Request Form, please adhere to the following guidelines:
 - Compute \$2.41 per mile; include an additional 12 miles to cover the round trip to and from the bus facility.
 - Compute \$27.23 per hour for the bus driver.
 - Add these two amounts and multiply the total by the number of buses required. (**NOTE:** Minimum trip cost charged is \$133.48 if the total is less)
 - All costs are the same for Krapf/DuVall van usage.
 - All buses can hold 48 passengers (2 people per seat).
 - Plan for at least 2 adults per bus. According to the Motor Vehicle Code, no more than 5 adults are permitted to ride on a bus at any given time.

2. Once you receive approval for transportation you can distribute **Field Trip Permission Slips** to students.
3. Collect payments and fill in the attached **Deposit form**. List the names of students who paid with cash on this form. If paid by check make sure the student name is on the memo line. Deposit into the cash box on Crystal's desk. Send the names of any student who needs financial help to JessFetterman.

4. Submit **Field Trip Invoices / Payment Requests** to the principal's secretary no later than **three (3) weeks** prior to the date you need the check by.
5. Create alternative activities for those students not attending the trip. If a sub is needed, submit a coverage request form to the main office.
6. Create the following lists:
 - Group lists
 - Bus lists
 - Students not going on trip lists (and where they will be)
7. Give a copy of each list to the following:
 - the main office
 - the nurse
 - PE/AC team leaders
8. Provide your final check request for the trip no later than **three (3) weeks** prior to the date you need the check by. (You will need your final count by this time. Certain companies provide refunds based on the "actual" number of students versus "estimated".)
9. Schedule a time to talk to your team about trip expectations (how to dress, times, lunch, money, ect.)
10. Confirm transportation with the principal's secretary one week prior to the trip.

Day before the trip:

- Get medication kits and any other needs from the nurse.
- Inform main office, nurse, and PE/AC team leaders of any changes on lists.
- Create bus numbers.
- Pack trash bags for each bus.
- Have every teacher with a cell phone leave those numbers with the front office staff.
- Send your schedule changes for trip day to the office.

Upon return of trip:

- If school has been dismissed, a teacher must remain with students until all have been picked up by their parents / guardians.
- Inform an administrator of any student / adult incident that occurred on the trip as soon as you are able.

**Avon Grove School District
School Bus Transportation
Request for Field Trip Form**

Field trips and trips for other activities utilizing school buses must be scheduled to leave Avon Grove School District schools after 8:45 am and must return students to Avon Grove School District schools before 2:00 pm. Please submit this form ASAP to schedule transportation.

School: _____ Date Submitted: _____

Date of Trip: _____

Trip Origin: _____

Trip Destination (including complete address): _____

Leaving Time from Trip Origin: _____ Return Time to Trip Origin: _____

All Teachers going on the trip: _____

Grades(s): _____

Special Arrangements or Additional Stops: _____

Number of Students: _____ Adults: _____ Total: _____

Number of buses needed: _____

Bus capacity based on 2 per seat is 46 passengers and 2 adults per bus.

Handicapped Van Needed: ☐ Yes ☐ No

Student Name: _____

Department Head

Administration

Transportation Department

Account to be Charged: _____

Building Number: _____

For Office Use Only:

Proposed Cost: _____	Actual Cost: _____
Contractor Assigned: _____	
Date sent to District Office: _____	Date Received by District Office: _____

Avon Grove Middle School Request for Field Trip

How trip will be funded: _____

Expense Calculation:

\$ _____ Transportation (# of miles to and from destination +12) x \$2.41

\$ _____ Driver # of Hours x \$27.23

\$ _____ T + D Total (If < \$133.48, please enter \$133.48 on this line)

\$ _____ Admission Cost

\$ _____ Food Cost

\$ _____ Other

\$ _____ Total Trip Cost

Outside Group donation payment towards trip \$ _____

Organization: _____ Specific cost paid for: _____
(ie. Transportation, Admission, Food)

Total Trip Cost – Donation (if any) / # of Students **Per Student Cost \$** _____

-----**For Office Use Only**-----

Transportation Form Submitted AG Transportation Department: _____

Transportation Company being used: _____

Date Submitted to: Cafeteria: _____ Nurse: _____

AGMS Calendar: _____ District Calendar: _____



Avon Grove School District
375 S. Jennersville Road
West Grove, PA 19390
(610) 869-2441
www.avongrove.org

FORMULARIO DE
AUTORIZACIÓN DE VIAJE

Yo como padre o legal tutores (s) de _____ doy permiso para
que nuestro o el de mi hijo participar en: (Estudiante Nombre)

Maestro/Escuela/Clase: _____

Nombre de Destino de Viaje y Dirección: _____

Fecha de Viaje: _____ Est. Salida Hora: _____ Est. Devolver Tiempo: _____

Información adicional (comidas, ropa, etcetera.): _____

Este permiso incluye todos los programas o eventos relacionados con el viaje.

En orden para el distrito escolar para poder ofrecer esta excursión escolar y reducir los costos de seguro y los riesgos de responsabilidad al distrito escolar relacionadas con la prestación de este viaje patrocinado por la escuela, el distrito escolar busca su acuerdo para liberar de responsabilidad por cualquier RECLAMACION por lesiones a personas o propiedad que surja en relación con el viaje. Tenemos que entender que hay ciertos riesgos inherentes a la naturaleza de la actividad relacionada con el viaje, que nos/me han conocimiento de estas riesgos o han había la oportunidad a obtener conocimiento de estas riesgos.

Por lo tanto, teniendo en cuenta estas premisas, la suficiencia de que lo que afirmo, nos/por la presente liberar y eximir de responsabilidad al distrito escolar Avon Grove, sus agentes y empleados, de todos los reclamos, daños u otros pasivos por lesiones a nuestro mi hijo que no son el resultado de negligencia, descuido intencional o deliberada o injustificada conducta por el Avon Grove escuela distrito, su agentes y empleados, relacionados con a nuestra/mi del niño participación en el campo viaje.

Avon Grove School District no es responsable por daños o pérdida de propiedad personal de los estudiantes. Tengo entendido estos términos y condiciones que nos / estoy liberando el Avon Grove School distrito, sus agentes y empleados de responsabilidad y nuestra/mi firma (s) a este permiso implica la aceptación de esta limitación de responsabilidad.

NUESTRA/MI HIJO ENTIENDE Y SE COMPROMETE A ACATAR TODAS LAS REGLAS Y NORMAS ESTABLECIDAS POR LA ESCUELA PERTENECIENTES A DICHA EXCURSIÓN. TAMBIÉN ENTIENDO QUE SI MI HIJO VIOLA EL CÓDIGO DE CONDUCTA DE LA ESCUELA Y RECIBE UNA SUSPENSIÓN EN LA ESCUELA O FUERA DE LA ESCUELA SUSPENSIÓN PLAZO DE 30 DÍAS DE LA FECHA DEL CAMPO VIAJE, ÉL O ELLA NO PODRÁ IR EN EL VIAJE. SI MI HIJO SE NIEGA PERMISO PARA ASISTIR A LA EXCURSIÓN POR ESTE MOTIVO, SE OFRECERÁ UN PROGRAMA DE EDUCACIÓN ALTERNATIVA EN LA ESCUELA ESE DÍA.

CONTINUADO EN EL OTRO LADO

Consentimiento y nos me doy permiso para atención médica de emergencia para nuestra/mi hijo que puede ser necesario como resultado de la participación de mi/nuestro hijo:

Nombre del médico de familia & teléfono: _____

Condiciones médicas especiales de estudiantes: _____

SEGUROS: _____ GRUPO #: _____ I.D. #: _____

_____	_____	_____
Estudiante Firma		Fecha

_____	_____	_____
Padres Firma	Teléfono/correo electrónico	Fecha

_____	_____	_____
Padres Firma	Teléfono/correo electrónico	Fecha

** Cada estudiante **debe** devolver el formulario de permiso firmado y el pago antes de ser permitido a participar en la excursión.

Hacer controles por pagar a AGSD

Formas y dinero son debida por _____.
Fecha



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FIELD TRIP PERMISSION
FORM

We/I as parent(s) or legal guardians(s) of _____ give permission
for our/my child to participate in: (Student Name)

School/Teacher/Class: _____

Field Trip Destination Name & Address: _____

Date of Trip: _____ Est. Departure Time: _____ Est. Return Time: _____

Additional Information (meals, attire, etc.): _____

This permission includes all related programs or events associated with the field trip.

In order for the school district to be able to provide this school-sponsored field trip and to reduce the costs of insurance and the risks of liability to the school district related to the provision of this school-sponsored field trip, the school district seeks your agreement to release it from liability for any claims for injury to person or property that may arise in connection with the field trip. We/I understand that there are certain risks inherent in the nature of the activity related to the field trip, that we/I have knowledge of these risks or have had the opportunity to obtain knowledge of these risks.

Therefore, in consideration of these premises, the sufficiency of which we/I hereby acknowledge, we/I hereby release and hold harmless the Avon Grove School District, its agents and employees, from all claims, damages, or other liabilities for injuries to our/my son/daughter which are not the result of gross negligence, intentional neglect, or willful or wanton conduct by the Avon Grove School District, its agents and employees, related to our/my child's participation in the field trip.

Avon Grove School District is not responsible for damage or loss of property personally owned by students. We/I understand by these terms that we are/I am releasing the Avon Grove School District, its agents and employees from liability, and our/my signature(s) to this permission slip constitutes acceptance of this limitation of liability.

OUR/MY CHILD UNDERSTANDS AND AGREES TO ABIDE BY ALL RULES AND REGULATIONS ESTABLISHED BY THE SCHOOL PERTAINING TO SUCH FIELD TRIP. I ALSO UNDERSTAND THAT IF MY CHILD VIOLATES THE SCHOOL'S CODE OF CONDUCT AND RECEIVES AN IN-SCHOOL SUSPENSION OR OUT-OF-SCHOOL SUSPENSION WITHIN 30 DAYS OF THE DATE OF THE FIELD TRIP, HE OR SHE WILL NOT BE PERMITTED TO GO ON THE TRIP. IF MY CHILD IS DENIED PERMISSION TO ATTEND THE TRIP FOR THIS REASON, AN ALTERNATIVE IN-SCHOOL EDUCATIONAL PROGRAM WILL BE OFFERED THAT DAY.

CONTINUED ON OTHER SIDE

We/I consent to and give permission for emergency medical care for our/my child that may be needed as a result of our/my child's participation:

Family Physician Name & Phone: _____

Special Medical Conditions of Student: _____

INSURANCE: _____ GROUP#: _____ I.D. #: _____

Student Signature

Date

Parent/Guardian Signature

Phone/Email

Date

Parent/Guardian Signature

Phone/Email

Date

Each student **must return the signed permission form and payment before being permitted to participate in the field trip.

Make checks payable to AGSD

Forms and money are due by _____.
Date