# FIELDTRIP REQUEST PROCESS: OVERNIGHT IN STATE *** HIGH RISK

## SUBMIT A COMPLETE PACKET NO LATER THAN ONE MONTH PRIOR FOR OVERNIGHT IN STATE FIELD TRIPS

SUBMIT COMPLETE MEAL REQUESTS AT LEAST 2 WEEKS IN ADVANCE OF FIELD TRIP DATE TO KITCHEN MANAGER

IT IS YOUR REPONSIBILITY AS TEACHER/ STAFF MEMBER TO BE FAMILIAR WITH BOARD POLICY- BP 6153 AR 3541.1 (A) AND AR 3541.1

**TEACHER/ STAFF MEMBER**

Completes the Field Trip Request Form:
Specify overnight high risk, start and end time, transportation, finances, and principal approval

**BUDGET SECRETARY**

Teacher/ Staff member must arrange budget, insurance, * transportation, financial deadlines, requirements with the budget secretary on site
*Please review Financial considerations for field trip forms.

**PRINCIPAL APPROVAL**

**ADMINISTRATIVE ASSISTANT ( WHO MANAGES FIELDTRIPS)**

Field Trip Request Form Approved. Administrative Assistant will provide Assistant Superintendent Designee Request Form.

**ASSISTANT SUPERINTENDENT /DESIGNEE**

Review fieldtrip and submit to the Board of Trustees for approval. Please plan accordingly Board Meeting timeline may affect approval process.

**BOARD OF TRUSTEES**

Approved by Board of Trustees

**Yes**

Approved Request Form with Approval date is returned to Administrative Assistant

**No**

Assistant Sup. designee will review and discuss with Administrative Assistant/ teacher/ staff member

**TEACHER/ STAFF MEMBER**

Teacher/ Staff Member must compile a completed packet with the following forms below. Collaborate with Administrative Assistant who manages fieldtrips.

**1.Provide a list of participants: students, adult chaperones, and *drivers (if applicable)**

**2. Itinerary**

**3. ***All Chaperones must complete the clearance process by the HR Department: volunteer application, I-9, TB Clearance, and must complete annual mandated training and sexual harassments***

**4. Parent/ Guardian Permission form- Fill in Destination, dates, mode of transportation, swimming requirement (If swimming is included add swimming supplement form)**

**5. Students are required to have insurance or must be purchased (contact Budget Secretary)**

**6.School Driver Certification Form and Auto Insurance Declaration Page for each driver : * Coaches may not drive students**

**drivers name**
**expiration dates of policy**
**Coverage Bodily Injury Liability ($100,000/$300,000)**

**7. Adult Field Trip Waiver Form: Medical release for adults- 1 chaperone/ 10 students**

**8.Teacher/ staff member notify students to complete teacher approved form for missing class**

**9.Verification form**

**Parents**

- **Parent Guardian Permission form**

**Chaperone/ Driver /Volunteer**

- **Adult Field Trip Waiver Form**
- **School Driver Certification & Auto Insurance**
- ****Must be completely cleared by HR prior to the trip****

**Students**

- **Teacher approval form for time missed**

**TEACHER/ STAFF MEMBER**

Submit a completed packet with verification form to Administrative Assistant to review.
Arrange substitute if needed

**ASSISTANT SUPERINTENDENT DESIGNEE**

**Packet complete with approved verification form from Assistant Superintendent. Final verification form must be signed with the complete packet. Any incomplete packets that have not been verified opens the school, fieldtrip coordinator, and the district liable.**

**Yes**

**Packet is returned to Administrative Assistant and teacher with approval**

COMPLETE

**No**

**Administrative Assistant and Teacher/ Staff Member collaborate to gather missing information**