

FIELD AND ACTIVITY TRIP REQUEST

Day/date/time of departure _____ Day/date/time of return _____
(day) (date) (time) (day) (date) (time)

Location or destination _____
(Attach conference schedule or itinerary)

Name of group or type of activity _____ Course Title (if applicable) _____
(as listed in Course Outline Book)

Objectives of trip _____

Estimated number of students who will be participating _____	Number of female students _____	Number of male students _____	Amount of classroom time loss _____ (days or class periods)
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What arrangements have been made for students to make up homework? _____

Number of instructors and/or adult supervisors _____ (List names on a separate sheet, indicating which are District employees, and which are parent/adult volunteers. There must be one supervisor for every ten (10) students. For overnight trips supervisors will include chaperones of the same gender as the students. All chaperones must be cleared by HR – finger print/TB)	Will substitute(s) be necessary? _____	If substitute(s) are needed, how many _____ If substitute(s) are necessary, for how many days or class periods _____
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Transportation arrangements (at least one driver required for every nine (9) students; all drivers must be staff members or adult volunteers).

If a private vendor is to provide ground transportation, the District's Director of Business and Operations must approve the vendor and equipment before the field trip request is submitted.

Approved by: _____
Director of Business and Operations Date

Arrangements for accommodations and meals _____

Number of Students: _____ Total Donation Goal: _____	Planned disposition of unexpended funds _____
Funds to be derived from what source(s) _____	

Have any deposits/advance payments been made? _____	How are staff/parent/Volunteer costs covered? _____
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(NO GROUP SHALL BE AUTHORIZED TO TAKE A FIELD TRIP IF ANY STUDENT WHO IS A MEMBER OF THE GROUP WILL BE EXCLUDED FROM PARTICIPATION BECAUSE OF LACK OF SUFFICIENT FUNDS.)

I HEREBY CERTIFY THAT ALL REQUIREMENTS OF BP/AR 6153 WILL BE MET.

Instructor: _____ Campus _____ Date _____

Print Name

Signature

ALL PERSONS MAKING THE FIELD TRIP SHALL BE DETERMINED TO HAVE WAIVED ALL CLAIMS AGAINST THE DISTRICT. THE TEACHERS, AND THE BOARD OF TRUSTEES FOR INJURY, ACCIDENT, ILLNESS, OR DEATH OCCURRING DURING OR BY REASON OF THE FIELD TRIP. ALL ADULT VOLUNTEERS TAKING OUT-OF-STATE TRIPS SHALL SIGN A STATEMENT WAIVING SUCH CLAIMS. ALL STUDENT PARTICIPANTS MUST SUBMIT THE MEDICATION AUTHORIZATION FORM AND WAIVER OF LIABILITY FORM.

Principal Signature/Date _____

Superintendent Signature/Date _____

Board of Trustees Approval Date _____



SUMMARY CHECKLIST

(To be completed by Sponsoring/Organizing Teacher and signed by Site Administrator)

Name of Teacher	
Date of Trip	
Destination	
Verified appropriate for district sponsorship	Yes/No
Information to Parents Does NOT include the following terms: <ul style="list-style-type: none"> • Fee • Scholarship • Financial need 	Yes/No
Information to Parents DOES include the following language: <ul style="list-style-type: none"> • This is a voluntary donation and no student shall be denied participation due to failure to make said donation • Should we not receive sufficient donations to cover the cost of the trip, we may be forced to cancel the activity 	Yes/No
Chaperones have been processed by Human Resources as required: (List of names on p. 10)	Yes/No
Student medication forms for ALL students are included	Yes/No
Signature of Sponsoring/Organizing Teacher	
Signature of Site Administrator/Date	



School _____ Date _____

(FOR STAFF USE) The purpose of this form is to gather as much information as possible in regard to field and activity trips within or outside the United States.

Please complete this form and return to your school's main office one week prior to trip departure.

1. Person(s) responsible while on field or activity trip _____

2. Destination _____
3. Route to be taken _____

4. Type(s) of transportation: (circle one) Auto Bus Airplane Other _____
5. List of adult chaperones:

NAME	ADDRESS	CITY	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List of Vehicles	Driver's Name	Driver's License Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Verification Check (Check all to be in compliance with requirements):
 - Evidence of ownership
 - Valid driver's license
 - Insurance coverage minimums: (\$5,000 medical; \$100,000/person and \$300,000/accident Bodily Injury Liability; \$50,000/accident Property Damage Liability)
 - Each parent driver has completed the "Field Trip Private Car Travel Check"

**LOS GATOS-SARATOGA HIGH SCHOOL DISTRICT
FIELD AND ACTIVITY TRIP - TRAVEL CHECK (cont'd)**

7. DEPARTURE: _____
Month Day Year (a.m.) (p.m.)

RETURN: _____
Month Day Year (a.m.) (p.m.)

8. If vehicle(s) are traveling together or in pairs, please state date and time of departure and dates and time of return of each vehicle.

<u>Vehicle #</u>	<u>Driver's name</u>	<u>Departure (Date & Time)</u>	<u>Return (Date & Time)</u>
_____	_____	_____	_____
_____	_____	_____	_____

9. If this trip is outside of the United States, please verify extent of insurance coverage in foreign lands:

10. Individual medical coverage (i.e., Blue Cross, Kaiser, California Physician Service, Physicians and Surgeons, etc.): It is suggested that each member carry evidence of coverage and permission for treatment in case of medical emergency: _____

11. Communication: What arrangements have been made for communication in case of an emergency?

12. Hospital: What arrangements have been made for emergency hospital service?
Hospital _____
Address _____
Telephone _____

13. Ambulance: What arrangements have been made for emergency ambulance service?
Ambulance Service _____
Address _____
Telephone _____

14. Doctor: What arrangements have been made for doctor's service?
Name _____
Address _____
Telephone _____

15. Attach itinerary, including dates, times, places and lodging accommodations.