

WILLARD CITY SCHOOL DISTRICT

FIELD TRIP REQUEST FORM

Teacher _____ School/Class _____

Request Date _____ Trip Date _____ Destination _____

Number of Students _____ Number of Staff/Chaperones _____

Purpose of Trip _____

Course of Study _____

Specific Learning Objectives to be Accomplished:

Student Behaviors that will Confirm Achievement of the Learning Objectives:

Course Objectives Related to the Learning Objectives:

Pre-Trip Lessons/Activities to be Done in the Classroom:

Post Trip Activities/Lessons to Reinforce/Extend Learning:

I have utilized the guidelines in 2340A to plan, conduct, and evaluate the trip and, upon approval of the trip, I will obtain parental permission (2340 F2 or F2A) and use the Checklist for Trips (2340 F3).

Field Trip Approval

Trip Approved: _____ Trip Disapproved: _____ Principal: _____ Date: _____

Trip Approved: _____ Trip Disapproved: _____ Superintendent: _____ Date: _____

(Over)

TRANSPORTATION DEPARTMENT

(To be completed by the originator of the field trip)

Date of Trip: _____ Destination: _____

Departure Time: _____ Return Arrival Time: _____ Number of Buses: _____

CERTIFICATION

This is to certify that this trip, as requested, is in conformity with the administrative guidelines established by the District as well as any applicable State regulations.

Date: _____ Signature: _____ Business Office

This trip has been approved and scheduled. Drivers assigned are:

Bus Driver Report

This is to certify that the above trip was made and to request payment under the Board of Education policies.

Date: _____ Bus No. _____ Total time of trip: _____

Speedometer reading at start of trip: _____ End of trip: _____

Start time: _____ Return time _____

Total miles traveled on this trip: _____ Total gallons of gas used: _____

Remarks:

Driver's signature: _____

Distribution:

- 1 - Each bus
- 1 - Transportation Supervisor
- 1 - Originator after assignment of buses

Field Trip No.: _____

WILLARD CITY SCHOOL DISTRICT

PARENT CONSENT FOR TRIP

I, _____ (Parent's Name), permit my child,
_____, to participate in the trip to
_____.

I understand that this trip is part of the District's educational program and provides a learning experience of educational value to my child.

I further understand that the staff member(s) who will accompany the students on this field trip, will exercise the necessary and appropriate duty of care for them pursuant to Board Policy 3213, including, but not limited to, administering medication, if required, or seeking emergency medical attention, if need be.

Parent

Date

WILLARD CITY SCHOOL DISTRICT

CHECKLIST FOR TRIPS

The following items should be confirmed prior to the start of any field or other District-sponsored trip.

- _____ 1. **Approved Field Trip Request** (2340 F1)

- _____ 2. **Properly certified driver**

- _____ 3. **Parental Consent** (2340 F2)

- _____ 4. **Medical Emergency Release Forms** (5341 F1)
One for each student - - in the possession of person in charge of groups

- _____ 5. **List of students to whom medication will be administered and the approximate time that the medications are to be administered**

- _____ 6. **All of the required medications for those students on the list in #5 above**

- _____ 7. **Safe vehicle in good running order**

- _____ 8. **First aid supplies**

- _____ 9. **Equipment and supplies**

- _____ 10. **Food and water** (if applicable)

- _____ 11. **Visiting agreements and permits** (if applicable)

WILLARD CITY SCHOOL DISTRICT
TRIP REQUEST
CO-CURRICULAR/EXTRA-CURRICULAR

Advisor _____ Group _____

Date of Request _____ Date of Trip _____

Destination _____

Purpose of Trip _____

Departure Time _____ Return _____

District Cost _____ How Funded _____

Student Cost _____ How Paid _____

Means of Transportation _____

No. of Staff _____ No. of Chaperones _____

Trip Approved _____
Signature

Bus Scheduled _____
Signature

Trip Disapproved _____
Signature

The staff member in charge will have a COMPLETED EMERGENCY MEDICAL FORM for each student on the trip. The staff member in charge will also have a list of those students for whom medication is to be administered while on the trip, and will make the necessary arrangements to, in fact, take the necessary medications and administer same.

Signature

TRANSPORTATION DEPARTMENT

(To be completed by the originator of the field trip)

Date of Trip _____ Destination _____

Departure Time _____ Return Arrival Time _____ Number of Buses _____

Certification

This is to certify that this trip, as requested, is in conformity with the administrative guidelines established by the District as well as any applicable State regulations.

Date _____ Signature _____

Business Office _____

Trip Confirmation

This trip has been approved and scheduled. Drivers assigned are:

Bus Driver Report

This is to certify that the above trip was made and to request payment under the Board of Education policies.

Date _____ Bus No. _____ Total time of trip _____

Speedometer reading at start of trip _____ End of trip _____

Start time _____ Return time _____

Total miles traveled on this trip _____ Total gallons of gas used _____

Remarks _____

Driver's signature _____

Distribution:

- 1 - Each bus
- 1 - Transportation Supervisor
- 1 - Originator after assignment of buses

Field Trip No. _____

6. What changes need to be made in the plans to better accomplish the learning purpose for this type of trip?

7. In terms of what the students learned, how worthwhile is this type of trip in terms of the time and costs involved?

1 2 3 4 5 6 7 _____
Very
Worthless

WILLARD CITY SCHOOL DISTRICT

RESPONSIBILITIES OF TRIP CHAPERONES

The _____ Schools appreciates your willingness to assist us by serving as a chaperone for this sponsored trip. In accordance with Board policy, we wish to inform you of the policies and procedures that will govern this trip and with which you are required to comply.

- A. The trip leader is responsible for the preparation and conduct of the trip and is held accountable by the Superintendent for verifying that the purpose of the trip is achieved.
- B. The trip leader will provide you with detailed information about the trip. Please obtain answers from the trip leader, prior to the trip, to any questions you have concerning the purpose or the trip procedures.
- C. The students on the trip are governed by the District's Code of Conduct which prohibits any inappropriate behavior, such as discourtesy, fighting, harassment, drug and/or alcohol use, stealing, and the like. Your responsibility is not to invoke discipline on a student, except in cases of imminent threat to that student's or other people's safety or well-being, but to report any student behavior problems or any inappropriate conduct on the part of a fellow chaperone or staff member to the trip leader as soon as possible.
- D. We ask that you model the behaviors expected of students throughout the times on the trip when you are associated with the students. If you have free time away from the students, [] your behavior will be such that it does not create problems for or embarrassment to the trip leader(s) or the District [] we continue to expect that your behavior will comport with the same expectations applicable to when you are associated with the students, including the prohibition against consuming any alcohol and/or tobacco products. Please keep the trip leader informed of your whereabouts so s/he can contact you in case of emergency.

Thank you again for your help, and we hope you enjoy this activity with our students as they participate in a meaningful educational experience.

Trip Leader

Principal

6/06