

JOHNSON CITY CENTRAL SCHOOL DISTRICT FIELD TRIP AND TRANSPORTATION REQUEST -4531-E

(Please refer to District Policy No. 4531)

Date of Board Approval: _____

PART 1: To be completed by teacher/individual requesting trip/transportation *To be filled out COMPLETELY and submitted to building nurse AT LEAST 2 weeks prior to Board meeting by which approval is needed.*

Trip Day(s): M T W Th F S Sun Date(s): _____

Alternate Day/Date In Case of Inclement Weather (if applicable) : _____

Name of Destination: _____

Street Address/City/State: _____

Name of Individual Requesting/Organizing Trip: _____

Building/Grade Level/Department/Specific Group: _____

Purpose of Trip and Educational Benefit to Student(s): _____

Cost of Trip: _____ How is this being paid for? _____

Departure Building: _____ Entrance: _____

What Time Should Bus Pick Up Group to Leave For Trip? (*no earlier than 9 am if District transportation used) _____

What Time Should Bus Pick Up Group from Site to Return to School? _____ Estimated Arrival Time Back at School (*no later than 2 pm if District transportation used): _____ Return to Same Building/Entrance? **Y N Other**

Number of Students Going on Field Trip: _____ Name(s) of All District Staff/Chaperones Going on Field

Trip (minimum 1 chaperone per 10 students): _____

Do you need: **Handicapped Bus? Y N** If so, how many? _____ No. of Students with Wheelchairs Attending: _____

Music Trailer? **Y N** (If yes, contact Grounds Department, x1212) Other van/truck? **Y N**

Please describe any other special arrangements needed: _____

If this is an overnight trip, have you completed and attached **Overnight Trip Attachment form (REQUIRED)? Y N**

Signature of Teacher in Charge: _____ / Date: _____

Emergency Telephone Number(s)/Cell Phone Number(s) (REQUIRED): _____

Next: ___ *Please verify with Transportation their availability if trip is before 9 am or after 2 pm, weekends, holidays, overnight, other unusual requests **before going further.**

___ Please attach a list of ALL students going on trip and submit all to building nurse.

___ **See building nurse before trip departure** for medications/report, special instructions.

___ Obtain permission slips, which include parent/guardian emergency telephone numbers. Copy emergency information to driver and building/department office.

PART 2: To be completed by building nurse Date received: _____

Please review list of students attending. Are there students who will require skilled nursing? **Y N**

Do medications need to be sent with organizing teacher? **Y N**

I have reviewed the attached student list as of the date of my signature:

Signature _____ / Date _____

Next: ___ Please give all papers to building principal's secretary.

PART 3: To be completed by building principal

Date received: _____

Are Parts 1 and 2 *completely* filled in? **Y N** Have you spoken to originator about any possible concerns? **Y N** ***My signature indicates that this request is complete and approved by me:***

Signature _____ / Date _____

Next: ___ Please give all papers to building secretary.

PART 4: To be completed by building secretary

Date copied/distributed: _____

Are Parts 1, 2, and 3 *completely* filled in? **Y N** (If not, return as needed.)

Please copy: Transportation/ Originator/ Cafeteria / Attendance (HS/MS)/ Nurse/ Grounds (if Music Trailer requested)/ others as needed, and send original to Superintendent no later than one week before Board of Education meeting by which approval is required. (Do not send student list.)

Please maintain in master file in building/department office with student/emergency contact list.

Signature of Superintendent: _____ / Date: _____

Signature, Supervisor of Transportation: _____ / Date: _____

Transportation will return copy to originator when trip is approved by them.

TRANSPORTATION DEPARTMENT USE ONLY:

Dispatch Information:

Number of Regular Buses Assigned: _____ Number of Handicapped Buses Assigned: _____

Name of Bus Driver(s)/Staff Assigned: _____

If this trip will necessitate an overnight stay, what are arrangements for bus drivers' lodging, meals, tolls/parking: _____

Individual Bus Driver's Report:

Bus Number: _____

Trip Mileage Report:

Leave: _____ Return: _____ TOTAL: _____

Time Report:

Leave: _____ Return: _____ TOTAL: _____

Driver's Signature: _____ Date: _____

After returning from Field Trip, drivers/teachers should report any problems/incidents that happened during trip in space below:

Johnson City Central School District

OVERNIGHT TRIP ATTACHMENT to Field Trip and Transportation Request Extended Field Trips and Excursions

Y N Have you prepared a memo to the Superintendent of Schools with specific agenda of trip and detailed lodging, meal, and cost arrangements; educational benefit to students; safety/security arrangements; plus any other information which is useful?

Y N Have you prepared a letter which will be sent to parents/guardians? It must include at least:

Information section:

- ✓ Statement and purpose for field trip.
- ✓ Rules and regulations which students are expected to follow while on trip, to include prohibition of drug/alcohol use, appropriate behavior, and other rules as deemed appropriate.
- ✓ Itinerary, lodging, and supervision arrangements.
- ✓ At least one telephone number where trip supervisor may be reached at all times.
- ✓ Statement explaining that should any student violate the rules and regulations governing the field trip, the supervisor(s) has the authority to have the student returned home at the parent's/guardian's expense.

Section to be returned to field trip supervisor/teacher in charge:

- ✓ Space for parent/guardian emergency telephone number(s).
- ✓ Space for necessary medical information/skilled nursing requirements (doctor's note required if student is excused from gym and/or playground or outdoor activities at time of trip).
- ✓ Space for parent signature and date, to grant permission and to show that they understand and agree with letter's contents. (Student may not participate without this permission.)

Y N Have you met with your administrator regarding number of chaperones based on nature of trip, itinerary, lodging facilities, safety and security arrangements, etc.?

Does lodging facility provide overnight security? If not, how will you insure that overnight safety and security is provided? _____

Next: _____ Please attach your memo to Superintendent, parent letter, and this form to Field Trip and Transportation Request and submit all to building nurse, along with required student list.

Date of Board Adoption: April 3, 2012

Johnson City Central School District, Johnson City, NY