FIELD TRIP CHECKLIST

- Principal Approval
- Fill out Trip Request Form and send to Nicole at the Transportation Department
- Make sure Transportation Department receive form and have you scheduled
- Complete Employee Request for Professional Leave for day of trip
  a. **This must be done at least one month ahead as all student trips must be approved by the Board**
- Complete Requisition Form for Purchase Order
  a. # students attending- need a final count a few days prior so checks can be written for correct amount
  b. If paying restaurant directly while on the student trip a separate request will need to be filled out
  c. Don’t forget to complete a request to transportation department for driver trip + $1/mile
- After taking all costs into consideration:
  a. Send home permission slips
  b. Make sure to let parents know trip cost will be a donation and no refunds will be given as the funds will be used for another trip in the future if cancelled

Day of trip:

- Post attendance before leaving
- Count students off and on bus
- Take checks/lunches/permission slips
Trip Request Form

THIS REQUEST MUST BE RECEIVED AT THE BUS GARAGE SEVEN (7) DAYS PRIOR TO DEPARTURE DATE.

Date Requested _________________________ Date of Bus Trip _________________________
Destination ________________________________________________________________
Pickup Point ________________________________________________________________
Departure Time ______________________________________________________________
Return Time _________________________________________________________________
Round Trip Mileage ___________________________________________________________
Sponsored By ________________________________________________________________
Person in Charge _____________________________________________________________
Number of Chaperones ________
Staff member(s) designated to administer medication if necessary: ____________________
Names of Chaperones Designated by the Principal _________________________________
____________________________________________________________________________

Have all chaperones undergone the required records check and been designated by the
Principal/Designee to supervise students? □ Yes □ No
Number of Pupils _____________________ Budget Code ______________________________
Group ________________________________ □ Field Trip Roster sent to School Nurse
Please check one: □ Bus □ Van (6 or 7 passengers only)
Is this request for: □ Competition □ Non-Competition
Driver/Bus Number (To Be Assigned by Transportation Manager) ____________________

Approved By _________________________________ Principal/designee.
Bus Number/Driver Approved By ______________________________, Transportation Manager
Comments: _____________________________________________________________________

*Trip sponsor should plan trip prior to leaving (maps, routes, building, pickup points of arrival and
departure, etc.) and give to driver prior to departure.
** Driver has been informed not to depart unless above information is complete and accurate.

Copies: White – File Copy for Principal
Remaining copies to Transportation Manager at Bus Compound.

RELATED PROCEDURE:
09.36 AP.1 (See section on TEACHER’S RESPONSIBILITIES)
09.36 AP.211

Review/Revised: 4/23/13
**Employee Request for Professional Leave**

Name _____________________________________________ Date ______________________

Position ___________________________________ School/Department ________________________

I request professional leave on the following work days: _______________________________________

Nature: ____________________________________ Location: _________________________________

(Attach agenda or conference information)

<table>
<thead>
<tr>
<th>Student Trips- Please Check One Box</th>
<th>Employee Only- Please Check One Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ In-State-Within 150 miles of school (requires Principal &amp; Superintendent/Desighee approval)</td>
<td>□ In-State □ In-State Overnight (requires Superintendent/designee approval)</td>
</tr>
<tr>
<td>□ Out-of-State, overnight, or excess of 150 miles from school (requires Board approval)</td>
<td>□ Out-of-State □ Out-of-State Overnight (requires Superintendent/designee approval)</td>
</tr>
</tbody>
</table>

Approximate # of students attending: __________

Bus Requested? □ Yes □ No

Estimated Costs/Expense reimbursement requested (Policies 03.125/03.225)

Failure to complete expense request could result in delay of approval.

<table>
<thead>
<tr>
<th>Conference Registration</th>
<th>$</th>
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<tbody>
<tr>
<td>Estimated Travel Cost: circle mode of travel and indicate mileage or ticket cost:</td>
<td>$</td>
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<tr>
<td>Personal Auto</td>
<td>Passenger (no cost)</td>
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<tr>
<td>School Bus</td>
<td>Other</td>
</tr>
<tr>
<td>Estimated Hotel Cost: _____# of nights X _____ room rate(list split rate if sharing room)</td>
<td>$</td>
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<tr>
<td>Estimated Meal Per Diem (Meals cannot be reimbursed for “day” trips.)</td>
<td>$</td>
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<td>List other costs (e.g. parking fees, taxi fares, checked luggage)</td>
<td>$</td>
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<td>Substitute Required? □ Yes □ No (Estimate $100 per day)</td>
<td>$</td>
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**Estimated Total Cost**

| $ |

**Funding Source** (circle all that apply): School Instructional Funds School Activity Funds

District Funds Grant Name Other

Funding Code(s):

_________________________ __________________________

Employee Immediate Supervisor (if approved)

_________________________

Signature of Superintendent/Designee

All professional leave must be approved in advance by the Superintendent/Designee and/or Board. The original copy of the signed form should be attached to the Service Report.

**RELATED PROCEDURES:**

03.125 AP.21; 03.125 AP.22

Review/Revised: 5/26/2015
REQUISITION FORM
FOR
PURCHASE ORDER

Company/Vendor: __________________________  Date of Request: ________________

Company Phone #: ________________________  Requesting Employee: ____________

Company Address: ________________________  Employee Contact #: _____________


Funding Source (Please Check):  Purchase Type (Please Check):

☐ SBDM/SECTION 6 __________________________  ☐ CKEC VENDOR

☐ SCHOOL ACTIVITY ________________________  ☐ KPC/KEDC VENDOR

☐ GRANT ________________________  ☐ STATE CONTRACT

☐ MUNIS/OTHER ________________________  ☐ TRAVEL REIMBURSEMENT

☐ DISTRICT ACTIVITY ________________________  ☐ OTHER ________________

CODE(S):________________________


<table>
<thead>
<tr>
<th>QTY</th>
<th>ITEM #</th>
<th>ITEM DESCRIPTION</th>
<th>UNIT COST</th>
<th>TOTAL COST</th>
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SHIPPING/HANDLING

TOTAL REQUEST

OFFICE USE ONLY

Vendor#______________________________

Signature of Requesting Employee

Purchase order#____________________

Authorized Signature (Admin/Supervisor)

Superintendent/Designee
School-Related Student Trip Permission Slips and Medical Release Form

Student’s Name ________________________

Last Name ________________________ First Name ________________________ Middle Initial _____________

School Year _______________ School _____________________________________________ Grade _____

Mark if trip is: □ OVERNIGHT □ OUT OF STATE

Trip Details: ___________________________ ___________________________ ___________________________ 

List Student’s Known Allergies: ___________________________________________________________

List Student’s Health Conditions: ________________________________________________________ □ IHP on file in health unit

List all medications (prescription and over the counter--OTC) that student takes at home and during the school day. Include as-needed any emergency medications. The parent/guardian is responsible for providing medications for all off campus trips/events, including weekend events, overnight and out of state trips.

<table>
<thead>
<tr>
<th>*Medication Name (on label or box)</th>
<th>Dose Ordered</th>
<th>Time(s) Ordered</th>
<th>Taken @ School</th>
<th>Taken @ Home</th>
<th>**Written Authorization to Carry and Self-Administer?</th>
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(Add additional information on the back of form if necessary)

*All medications must be in the original container. Medications not authorized for student to carry and administer must be given to the staff member designated to provide health services or the supervising teacher/sponsor/coach for proper storage.

**For student to carry and self-administer: Prescription meds must have written authorization of prescribing healthcare provider and OTC medications must have written approval of parent/guardian.

UTILIZED OR FOR OVERNIGHT/OUT OF STATE FIELD TRIPS ONLY

STUDENT’S HEALTHCARE PROVIDER: ___________________________ TELEPHONE: ___________________________

STUDENT’S HEALTH COVERAGE: ___________________________

(A copy of the student’s health coverage/insurance may be attached if preferred.)

All transportation, fees, and details associated with this trip have been explained to me by the trip sponsor. I, the legal parent/guardian of the above named student, hereby give permission for my child to participate in the above-mentioned school-related student trip(s). All health information provided by me to the school for this field trip is correct and accurate to the best of my knowledge. I authorize trained school personnel to assist my child with his/her medication as my child’s healthcare provider or I have directed if needed. In addition, in the event of accident or sudden illness while on the school-related student trip, I authorize school personnel to have my child transported by EMS to the nearest hospital and authorize treatment as may be deemed necessary in an emergency for the health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

_____________________________ ___________________________

Parent/Guardian’s Signature Date

Parent/Guardian telephone/contact information: ___________________________

Please return this form to your child’s teacher/coach/sponsor.