FIELD TRIP CHECKLIST

☐ Principal Approval
☐ Fill out Trip Request Form and send to Assistant Director Steve Calvert 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 the Transportation Department for the cost of the trip which can be calculated by: \$2 \text{ per mile} + \$17.50 \text{ per hour (for the driver)}
☐ 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>
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</thead>
<tbody>
<tr>
<td>[ ] In-State-Within 150 miles of school (requires Principal &amp; Superintendent/Designee 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>
<tr>
<td>Approximate # of students attending: ________</td>
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<tr>
<td>Bus Requested?  [ ] Yes  [ ] No</td>
<td></td>
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</tbody>
</table>

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

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

- **Conference Registration** $
- **Estimated Travel Cost:** circle mode of travel and indicate mileage or ticket cost: $ 
  - Personal Auto
  - Passenger (no cost)
  - Plane
  - School Vehicle ($1/mi.)
  - School Bus
  - Other
- **Estimated Hotel Cost:** _____# of nights X _____ room rate(list split rate if sharing room) $
- **Estimated Meal Per Diem** (Meals cannot be reimbursed for “day” trips.) $
- **List other costs** (e.g. parking fees, taxi fares, checked luggage) $
- **Substitute Required?**  [ ] Yes  [ ] No (Estimate $100 per day) $
- **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 #:** ______________________
- **School/Department:** _______________________

**Funding Source (Please Check):**
- [ ] SBDM/SECTION 6
- [ ] SCHOOL ACTIVITY
- [ ] GRANT
- [ ] MUNIS/OTHER
- [ ] DISTRICT ACTIVITY

**Purchase Type (Please Check):**
- [ ] CKEC VENDOR
- [ ] KPC/KEDC VENDOR
- [ ] STATE CONTRACT
- [ ] TRAVEL REIMBURSEMENT
- [ ] 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**

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**OFFICE USE ONLY**

- **Vendor#:** __________________________

- **Signature of Requesting Employee:**

- **Purchase order#:** ____________________

- **Authorized Signature (Admin/Supervisor):**

- **Superintendent/Designee:**

STUDENTS

09.36 AP.211

**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 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.