

STUDENT TRAVEL AUTHORIZATION - TRANSPORTATION REQUEST

DUE TO PRINCIPAL AT LEAST 14 DAYS IN ADVANCE OF TRIP
(30 DAYS IN ADVANCE OF OVERNIGHT TRIP, TO ENSURE BOARD APPROVAL)

Field Trip Extended Field Trip (Pg 1&2) ASB Activity Other

Submitted by: (teacher/advisor/coach) Date of Request:

For Class/Student Group: (include grade level) Person in Charge:

Date of trip(s): Departure time: am/pm

Destination(s): Return time: am/pm

Address City/State Zip Code Contact name/Phone

of Students: # of Approved Chaperones:

Funding Source: Description

Charge to: Account Code

Estimated Costs of Trip/Activity: Transport: \$ Subs: \$ Student Contribution: \$ (per person out of pocket cost) Other: \$ (description of other costs)

FIELD TRIP (Attach additional details to this form):

Reason for trip (List educational purpose of the trip, objectives/activities planned):

How will students be transported?: District Bus District Van Other

Yes No -- Substitute(s) required? Yes How many?

Yes No -- Sample itinerary and parent permission slip attached?

Yes No -- Food Services notified?

Yes No -- Additional staff to provide assistance for special ed student(s)?

If Yes for Special Ed, list student(s):

DISTRICT TRANSPORTATION REQUEST: Bus Transport estimated # District Van estimated #

of Student(s) in Wheelchair: *Ferry Required -- Yes No Which Terminal(s)?

Sailing Departure Time: Sailing Return Time:

Ferry Request Form Completed Luggage Compartment Other:

*(WSDOT requests notification 72 hours in advance of all school travel by ferry - bus, van, or walk-on; must include estimated # of students under 90 lbs.)

Building Approval:

District Approval (out-of-state/overnight trips):

(Principal) (Date)

(Superintendent/Designee) (Date)

Distribution -- Signed/Approved Copies to: Requestor Building Admin Assist District Office

Chimacum School District
STUDENT TRAVEL AUTHORIZATION – EXTENDED FIELD TRIP

30 DAYS IN ADVANCE OF OVERNIGHT TRIP, TO ENSURE BOARD APPROVAL

Extended Field Trip Itinerary:	
Teacher Chaperones (#):	Parent Chaperones (#):
Transportation (Bus, ferry, etc.):	Cost:
Housing (Motel, hotel, dorm, home, etc.):	Cost:
Food (# of group meals):	Cost:
Other Costs (Entrance fees, insurance, etc.):	Cost:
Total Cost of Trip:	Total:

SOURCE OF FUNDS	
Building Budget Account#:	Cost:
ASB Account #:	Cost:
Individual Student:	Cost:
Other (fund raising):	Cost:
Total Source of Funds:	Total:

<p>DISTRICT TRANSPORTATION REQUEST FOR EXTENDED FIELD TRIP:</p> <p>Estimated Cost: _____</p> <p>Approved By: _____</p>

Building Approval:

District Approval (out-of-state/overnight trips):

(Principal)

(Date)

(Superintendent/Designee)

(Date)

Distribution -- Signed/Approved Copies to : Requestor Building Admin Assist District Office

Chimacum School District
STUDENT TRAVEL
Field Trip Check List for Supervising School Staff

Submitted by: _____ Destination: _____
(teacher/advisor/coach)

Travel Date(s): _____

Date/initial*	OFFICE STAFF RESPONSIBILITIES
	STUDENTS WITH HEALTH CARE PLANS: Staff must carry copies of their students' health care plans on field trips. Make copies for staff to pick up before they leave for the trip.
	INFORM FOOD SERVICES a minimum of 3 days prior to field trip how many sack lunches will be needed.
	IDENTIFY STUDENTS WITH SEVERE FOOD ALLERGIES and inform food services if a sack lunch will or will not be needed for these students. (The safest option is a lunch from home but this is not required.)
	STUDENTS WITH MEDICATION IN THE OFFICE: If there are students with medication in the office, inform teachers in advance that they will need to sign in/sign out and carry. Prepare forms and medication for the field trip.

Date/initial*	TEACHER RESPONSIBILITIES
	Verify all students with issues that may affect their health or safety on the field trip and inform all participating teachers.
	STUDENTS WITH HEALTH CARE PLANS: Staff must carry copies of their students' health care plans on field trips. Pick up copies up from the office.
	MEDICATION STORED FOR STUDENTS IN THE OFFICE must be signed out and picked up before field trips, and returned/signed back in after field trips. If medication will or may need to be administered, call Marti Haley, RN 385-9442 in advance to arrange required medication administration training if not already done within the past 12 months.
	Verify district provided food is received and appropriate for students with severe food allergies.
	A cell phone must be available (confirm coverage area for trip).
	CALL 911 if an emergency arises, available 24/7 throughout Washington State. If a field trip is out of cell phone range or out of state, determine beforehand how to reach EMS services.

Remember: Parent volunteers must not be assigned responsibility to administer medication or for the safety of students with life threatening conditions (but may choose to do so for their own child only).

*Date and initial once completed.