



FIELD TRIP REQUEST/INSTRUCTIONAL PLAN

INSTRUCTIONS

Complete and submit to the Principal at least fourteen (14) days prior to any proposed day field trip not involving one-way travel outside a sixty-mile radius of the District Offices as measured in a straight line.

Complete and submit to Principal at least sixty (60) days prior to any proposed overnight field trip and/or field trip that exceeds the Study Trip limits set forth in Board Policy 8460, including those that involve more than one night's stay in any location, air travel, and/or one-way travel outside a sixty-mile radius of the District Offices as measured in a straight line.

IDENTIFICATION

School _____ Submitted by _____

Submission Date _____ Funded by _____

Destination _____

Departure	_____	_____	_____
	Date	Time	Location

Return	_____	_____	_____
	Date	Time	Location

If overnight stay is involved, name and phone number of the place of lodging _____

Number of participating staff _____ Name(s) _____

Number of participating students _____ min _____ max

What expenses will each student incur, and how will expenses be funded? _____

Is bus transportation needed? _____ Approximate number of miles (one way, straight line) _____

Are substitutes needed? _____

Are chaperones needed? _____ How many? _____

If chaperones are needed, submit names and cell phone numbers at end of form.



FIELD TRIP REQUEST/INSTRUCTIONAL PLAN (Cont'd)

INSTRUCTION OBJECTIVES (Be specific - include prerequisites, proficiency level desired and measurement.)

ACTIVITIES

Preparation (How will the students be prepared for the trip as an instructional activity?)

On trip (What instructional activities will occur on the trip?)

Follow-up (Upon return, what activities will occur to enrich the experience and to determine if the objectives were achieved?)

CORRELATION (Name the subject matter area(s) to which the experiences of this trip will correlate; explain in what way the trip correlates.)



FIELD TRIP REQUEST/INSTRUCTIONAL PLAN (Cont'd)

PROVISIONS FOR CONTINUITY OF SCHOOL WORK

What instructional provisions have been made to help participants keep up with other classes that they will miss?

What specific plans have been made for the continued instruction of those students who will not participate in the field trip project?

PRINCIPAL'S REMARKS

Approved _____ Not Approved _____

Signature _____ Date _____

Comments: _____

SUPERINTENDENT'S REMARKS

Approved _____ Not Approved _____

Signature _____ Date _____

Comments: _____



FIELD TRIP REQUEST/INSTRUCTIONAL PLAN (Cont'd)

BOARD DECISION (for trips exceeding limits per District Policy 8460)

Approved _____ Not Approved _____

Signature Date

Comments: _____



FIELD TRIP REQUEST/INSTRUCTIONAL PLAN (Cont'd)

CHAPERONES

<u>Name</u>	<u>Cell Phone Number</u>

CHECKLIST

Have arrangements been made with all staff members affected? _____

Have all teachers and chaperones provided cell phone numbers? _____

Have signed Field Trip Parent/Guardian Consent/Medical Information Forms (8460F.1) been collected? _____

Have medical accommodations been made for students who need such? _____

Has Emergency Response Plan been completed? _____

REMEMBER that students must carry yellow cards containing emergency contact information at all times during field trip.



FIELD TRIP PARENT/GUARDIAN CONSENT/MEDICAL INFORMATION

Dear _____,

Your child's class has scheduled a field trip activity on _____ to
(date)

_____ (destination)
The group will be leaving at _____ a.m./p.m. and plans to return at _____ a.m./p.m. on
_____.

Please sign and return the attached form by _____
(date)

Sincerely,

Teacher or Principal

FIELD TRIP PARENTAL CONSENT

I hereby give permission for my child, _____
(child's full name)

to participate in a school sponsored education field trip to _____
(place)

I understand that my child will leave on _____,
(date) (time)

and is expected to return on _____,
(date) (time)

MEDICAL INFORMATION

Name of family doctor _____

Doctor's phone number _____

Is your child taking any medication with him/her on the trip? _____

If so, what is it and who is expected to administer this medication? _____

Name of Emergency Contact _____ Telephone No. _____

Should emergency medical be required for your child during the trip, medical personnel will be contacted immediately.

(Signature of Parent/Guardian) (Telephone No.) (Date)

Elmira City School District

2017 8460F.2

FIELD TRIP TRANSPORTATION REQUEST

INSTRUCTIONS:

- Request must be signed by principal/designee and faxed to the Transportation Department (735-3959) at least 5 days prior to the trip.
- A separate request form must be filled out for each trip.
- Every request must have billing information completed or the request will not be considered.

VEHICLE AVAILABILITY: Buses are normally available after 8:30 A.M. and must return to your home location and release the bus by 2:00 P.M.

VEHICLE INFORMATION: NO STANDEES ALLOWED ON FIELD TRIPS

- A regular bus will hold 65 students-3 to a seat. Adults count as 2.
- No eating or drinking on a school bus

THIS SECTION TO BE COMPLETE BY PRINCIPAL		
DATE OF TRIP:	SCHOOL:	DESTINATION:
DEPARTURE TIME FROM SCHOOL:	ARRIVAL TIME BACK AT SCHOOL:	GROUP:
TOTAL NUMBER OF RIDERS: STUDENTS: ADULTS:	TEACHER IN CHARGE:	DATE SUBMITTED:
HAVE ARRANGEMENTS BEEN MADE FOR MEALS? <input type="checkbox"/> YES <input type="checkbox"/> MEALS WILL BE PROVIDED BY SCHOOL CAFÉ AND A COPY OF THIS FORM HAS BEEN FORWARDED TO THE CAFÉ MANAGER. <input type="checkbox"/> MEALS WILL BE PROVIDED BY OTHER _____ <input type="checkbox"/> MEALS WILL BE FUNDED BY _____ <input type="checkbox"/> NO. THIS TRIP IS NOT OVER A MEAL TIME.		
HAVE ARRANGEMENTS BEEN MADE FOR ANY NURSING STAFF? <input type="checkbox"/> YES <input type="checkbox"/> A COPY OF THIS FORM HAS BEEN FORWARDED TO THE SCHOOL NURSE. <input type="checkbox"/> NO. NURSING SERVICES ARE NOT NEEDED ON THIS TRIP.		
COMMENTS: (INCLUDE ALL DIRECTIONS OR SPECIAL INSTRUCTIONS)		

BILLING INFORMATION MUST BE COMPLETED BEFORE SUBMITTING TO TRANSPORTATION DEPARTMENT	
DISTRICT INFORMATION:	OUTSIDE BILLING (PFO, CORNING COMMUNITY COLLEGE, ETC); BILL TO:
CHARGE TO: _____	NAME: _____
BUDGET CODE: _____	ADDRESS: _____
APPROVED BY: _____	CITY, STATE, ZIP: _____
PURCHASE ORDER #: _____	APPROVED BY: _____

THIS SECTION TO BE COMPLETED BY TRANSPORTATION DEPARTMENT		
DATE RECEIVED:	DATE ACKNOWLEDGED	VEHICLE
		<input type="checkbox"/> VAN <input type="checkbox"/> BUS <input type="checkbox"/> COACH
COMMENTS:		
APPROVED BY:	TITLE:	DATE APPROVED: