

South Region Field Trip Checklist

2018 -2019



NAME OF SCHOOL: _____

DATE OF FIELD TRIP: _____

DESTINATION: _____

The following information must be completed when submitting a Field Trip Request Packet (**FM 2431 Rev. 08-18**). This *Checklist* should be completed and attached as the cover page for each field trip. Please see the latest *Field Trip Handbook* dated August 2017 that is available online under e-Handbooks. **All documents must be typed.**

FIELD TRIP REQUEST PACKET (FM 2431 Rev. 08-18)	COMPLETED	N/A
1. <u>In-County no overnight</u> (Submit a copy at least two weeks prior to the scheduled field trip) <u>Out-of-County</u> (Submit at least two weeks prior to the scheduled field trip) <u>Out-of-State</u> (Other than athletic events, out-of-state requests are to be submitted 45 days in advance) <u>Out of Country</u> (Submit at least 60 days prior to the scheduled field trip) Ms. Barbara A. Mendizábal, Region Superintendent, must sign ALL Out-of-Country field trips. <i>The principal must submit the school's informational meeting agenda, sign-in sheet and letter of request to the Region Office. After Region's approval, the field trip request must be submitted to the Division of Athletics, Activities and Accreditation for approval 45 school days before the Board Meeting. No money may be collected until the out-of-country field trip is approved by the School Board. Trips will be reviewed by the School Board three (3) times per year (March, August and November). See Briefing # 20839.</i>		
2. <u>Destination/Address</u>		
3. <u>Dates of Trip</u> (include departure/return time)		
4. <u>Name of School Group</u>		
5. <u>Name of School Group Sponsor/Sponsor's Signature</u>		
6. <u>Number of Students in Group/Number of Students Participating in Trip</u>		
7. <u>Cost to Each Student/Provision for Those Unable to Pay</u>		
8. <u>Means of Funding Trip</u>		
9. <u># of Teachers/# of Parents/Total # of Chaperones/Additional Personnel*</u> (The adult/student ratio shall be a minimum of 1:15 (secondary) in/out-of-county and 1:10 (elementary) in/out-of-county. Gender equity regarding chaperones for overnight trips is required. * One to One Para, Nurse, Interpreter for the Deaf and Hard of Hearing, etc., are not to be counted as chaperones; however, they are responsible for supervising the student to which they are assigned. Chaperones must be at least 21 years of age and cleared as school volunteers at the level appropriate for the trip.)		
10. <u>Purpose for Trip</u> (include objective, invitation and itinerary)		
11. <u>Attach –</u> (invitation and itinerary)		
12. <u>Transportation</u> (private vehicle (name of driver), bus company, airline (name of carrier), other (specify), valid driver's license verified and by whom?)		
13. <u>Principal's Signature/Name of School</u>		
14. <u>Field Trip Roster</u> (name of school, name of school group, destination, date(s) of trip, principal's signature, date, name of student, id #, grade, student address and telephone number)		
15. <u>Field Trip Chaperone and Accessibility Personnel List</u> (name of school, name of school group, date(s) of trip, destination, name of chaperone, phone, volunteer and/or employee #, volunteer level, indicate whether it is a chaperone or accessibility personnel*, sponsor's signature/date and principal's signature/date)		

16. <u>Parent Permission Form Field Trip</u> (school, date, school group sponsor name, name of school group, destination, purpose of the trip, transportation, total number of chaperones, cost to each student and dates of trip)		
FOOD SERVICE MEAL REQUEST (FM 3106 Rev. 07-18)	COMPLETED	N/A
17. <u>Food Service Meal Request</u> (date, room #, teacher, total # of meals, date and time of field trip, student name, id number, choice of milk, a/c #, amt. due, meal received, total amount collected, signature of teacher and signature of food service manager)		
PRIVATE VEHICLE FOR TRANSPORTING STUDENTS (FM 6298 Rev. 08-09)	COMPLETED	N/A
18. <u>Request for Approval to Use Private Vehicle for Transporting Students</u> (complete the packet in its entirety, principal's signature/date and submit with the Field Trip Request Packet. Vehicle must have an operable pair of seat belts for each student-maximum of 8. Attach a copy of the driver's license and insurance information.)		
TRAVEL EXPENSE REPORT BY FACULTY WHEN ACCOMPANYING STUDENTS (FM 0994 Rev. 03-05)	COMPLETED	N/A
19. <u>Travel Expense Report by Faculty When Accompanying Students</u> (employee name, date, employee #, employee's position, work loc.#, school name, description of conference, meeting, etc., reason for travel, location (city/state), travel mode, statement of expenses, traveling employee's signature, funds available certification, treasurer's signature/date and principal's signature/date) – Use only if the employee is being reimbursed.		
WATER RELATED FIELD TRIP PACKET (FM 6614 Rev. 08-18)	COMPLETED	N/A
20. <u>Water Related Field Trip Packet</u> The packet in its entirety must be submitted to the Office of Risk Management for approval at least two weeks prior the trip. (The adult/student ratio is a minimum of 1:5). The completed packet must be submitted to the Region for final approval.		
OTHER/MISCELLANEOUS	COMPLETED	N/A
21. <u>Field Trip Invoice</u> (attach)		
22. <u>School Bus or Private Bus Invoice</u> (attach)		
23. <u>Hotel Accommodations (Overnight Field Trip)</u> (attach hotel reservation/confirmation form/room assignment list)		
24. <u>Airfare Confirmation</u> (<u>Principals:</u> Air travel with students requires a memorandum to Ms. Barbara A. Mendizábal, Region Superintendent, South Region Office, requesting approval to travel. <u>Assistant Principals:</u> Air travel with students requires approval from the principal)		
25. <u>Rental Car Confirmation</u> (attach)		
26. <u>Interscholastic Contracts (Performing Groups/Competitions)</u> (attach)		
27. <u>Title I</u> (follow procedures/guidelines)		
28. <u>Three Vendors (Bids)</u> (if the item is not available through Procurement/SAP, identify a minimum of 3 vendors, one of whom should be a certified M/WBE)		
29. <u>Travel Agencies</u> (secure three vendors if applicable (attach)		
30. <u>Testing</u> Is field trip during the administration window? Yes _____ No _____ If yes, please specify testing accommodations _____ _____		

Principal's Name (Print): _____

Principal's Signature _____

Today's Date: _____