



HAMILTON CITY SCHOOL DISTRICT
FIELD TRIP/SCHOOL SPONSORED TRIP – APPROVAL REQUEST

This form must be submitted 4 weeks prior to date of trip and sent to Instructional Services if Board approval is needed.

When Board action has been taken, Instructional Resources will notify you and your principal if trip is not approved.

- Directions: 1. Complete this form and submit to your principal for approval. 2. Additionally, if you check one or more of the following conditions, the trip will require Hamilton City Board of Education approval and your signed form must be submitted to the Instructional Services Office for placement on the Board agenda.

- Checkboxes for conditions: The trip is over 50 miles from school, The trip is overnight, The trip involves a money raiser, The trip is out of state.

Field Trip Organizer[s], Building, Today's Date, Departure Day, Date & Time of Proposed Trip, Return Day, Date & Time of Proposed Trip, Title of Program/Event, Trip/Event Street Address, Trip/Event Destination [City, State, Zip], Number & Grade Level of Students Involved, Name of Group[s] Involved, Chaperones [# Staff & # Parents], Form of Transportation [HCSD Bus, Car, etc.], Mileage from School Building [One Way], Have you organized this trip before?, Did you follow BOE procedures?

When planning a trip for students, it is your responsibility to meet all district requirements. Be sure to begin with a complete understanding of building procedures as outlined by your principal. All legal parameters pertaining to student trips appear in the Board Policy and Guidelines manual. Those pages have been duplicated for principals and are available from them.

PLEASE ANSWER THE FOLLOWING QUESTIONS ON AN ATTACHMENT

- 1. Describe the itinerary or activities of the trip including the activities planned.
2. How does this trip: Supplement or enrich classroom experiences, Arouse new interest among students, Contribute to the achievement of specified instructional objectives in a graded course of study
3. How have students been prepared?
4. How will you evaluate the effectiveness of the learning experience?
5. Please include anything else that you feel would support the value of, or add understanding to this request.

Building Principal[s] Approval _____ Date _____
Director of Fine Arts Approval [if applicable] _____ Date _____



TRANSPORTATION REQUEST

TRIP # _____

BUSES ARE AVAILABLE FOR FIELD TRIP USE BETWEEN 9:15 A.M.-2:00 P.M AND AFTER 4:30 P.M ON SCHOOL DAYS OR ANY TIME ON WEEKENDS AND HOLIDAYS.

REQUESTS OUTSIDE THESE HOURS WILL BE CONSIDERED ON AN INDIVIDUAL BASIS. PLEASE SUBMIT ALL REQUESTS FOR TRANSPORTATION OUTSIDE THE STANDARD HOURS TO THE TRANSPORTATION OFFICE FOR APPROVAL. REQUESTS THAT CANNOT BE ACCOMODATED WILL RECEIVE A WRITTEN NOTICE THAT THE REQUEST HAS BEEN DENIED.

ORGANIZATION/SCHOOL _____ BILL TO _____

DATE OF TRIP _____ ACCT CODE _____

PURPOSE OF TRIP _____ PURCHASE ORDER # _____

DESTINATION _____

DEPART FROM _____ AT _____ AM/PM - RETURN _____ AM/PM

Note: Please indicate the time you plan to arrive back at school – NOT the time you plan to leave the trip location.

EST DISTANCE ROUND TRIP _____ NUMBER OF BUSES REQUESTED _____

SPECIAL INSTRUCTIONS _____
(May stop to eat; handicapped accessible lift bus needed; etc.)

SPONSOR _____ PRINCIPAL _____

DATE _____ DATE _____

***Note to Sponsor/Coach:** The bus driver is responsible for the safety and behavior of the students while on the bus, with your assistance. The bus driver relinquishes responsibility for the safety and behavior of the students to the sponsor/coach upon arrival at the trip destination and until the students board the bus for the return trip. School bus behavior rules shall apply for all regular school transportation and/or transportation for activities under the supervision and control of the school.*

TO BE COMPLETED BY THE TRANSPORTATION OFFICE

BUS NUMBER(S) _____

ODOMETER:

BEGIN _____ END _____ TOTAL MILES _____

TIME:

BEGIN _____ END _____ TOTAL TIME _____

FLAT RATE FEE _____

TOTAL CHARGE _____

DRIVER(S) NAME(S) _____

TRANSPORTATION SUPERVISOR _____

DATE _____



533 Dayton Street P.O. Box 627
Hamilton, Ohio 45012
513.887.5000

2340 F2

PARENT CONSENT FOR TRIP

I, _____ (Parent's Name), permit my child,
_____, to participate in the trip to

I understand that this trip is part of the District's educational program and provides a learning
experience of educational value to my child.

Parent

Date



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2340 F2A

PARENT CONSENT FOR PARTIALLY-UNSUPERVISED TRIP

I, _____ (Parent's Name), permit my child,
_____, to participate in the trip to

I understand that this trip is part of the District's educational program and provides a learning experience of educational value to my child. I further understand that the following activities associated with this trip are such that my child cannot be supervised by school staff during certain segments of the trip:

In light of the above, I hereby give consent to my child's participation in the trip and in the unsupervised activities.

Parent

Date



CHECKLIST FOR TRIPS

The following items should be confirmed prior to the start of any field or other District-sponsored trip.

_____ 1. **Approved Field Trip Request** (2340 F1)

_____ 2. **Properly Certified Driver**

_____ 3. **Parental Consent** (2340 F2)

_____ 4. **Medical Emergency Release Forms** (5341 F1)

One for each student - - in the possession of person in charge of groups

_____ 5. **Safe Vehicle in Good Running Order**

_____ 6. **First Aid Supplies**

_____ 7. **Equipment and Supplies**

_____ 8. **Food and Water** (if applicable)

_____ 9. **Visiting Agreements and Permits** (if applicable)



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2340 F4

TRIP REQUEST
CO-CURRICULAR/EXTRA-CURRICULAR

Advisor _____ Group _____

Date of Request _____ Date of Trip _____

Destination _____

Purpose of Trip _____

Departure Time _____ Return _____

District Cost _____ How Funded _____

Student Cost _____ How Paid _____

Means of Transportation _____

No. of Staff _____ No. of Chaperones _____

Trip Approved: _____
Signature

Bus
Scheduled: _____
Signature

Trip Disapproved: _____
Signature

The staff member in charge will have a COMPLETED EMERGENCY MEDICAL FORM for each student on the trip.

Signature



PROPOSAL FOR OVERNIGHT/EXTENDED STUDENT TRIPS

Type of Trip _____

Proposed Departure Date _____ Return Date _____

Proposer _____ Position _____

Date by which response is needed _____ Proposal Date _____

A. Purpose

1. What is the major place to be visited or event to be attended?

2. How is the trip related to the educational program of the District?

3. In what ways will the students benefit?

4. In what ways will the District benefit?

5. How will the trip be evaluated to determine the extent to which these benefits were realized?

B. Students and Staff

1. Which students, (grade, class, or organization), will be going?

B. Students and Staff (cont'd)

2. How many students in total?

3. How many students are currently experiencing academic problems?

4. Which staff member will be in charge?

5. What previous experience has the staff member had in conducting overnight or extended field trips?

6. What other staff members will be going?

7. How many chaperones, in addition to staff members, will be going?

8. What are their names and affiliations with the students?

9. How many school days will be missed?

10. How will teachers be advised in advance that the students will be out of school?

C. School Work

1. How will missed work be made up?

2. What special assistance will be provided students with academic problems?

D. Itinerary

1. What is the destination?

2. What will be the mode of transportation? What liability insurance does the carrier have?

3. Where will the group be housed and fed?

D. Itinerary (cont'd)

4. What enroute or supplementary activities are planned?

5. What arrangements have been made for dealing with emergency situations?

6. If tour guides are involved, what liability insurance do they carry?

E. Finances

1. What is the estimated total cost and cost per student?

2. What is the source of funds?

3. How will the funds be collected and safeguarded?

4. How will any shortfall be made up or excess funds used?

5. What provision has been made for students who are financially unable to pay any necessary costs?



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2340 F6

RESPONSIBILITY CONTRACT FOR OVERNIGHT TRIPS

It is a privilege for you to participate in the District-sponsored trip to _____. Because this trip is part of the District's educational program, it is imperative that you adhere to the Code of Conduct for overnight trips as well as the applicable provisions of the general Code of Conduct. You must remember that from the time of departure to your arrival home, you are the responsibility of the District.

I agree to:

1. refrain at all times from the consumption of alcoholic beverages and/or drugs unless said drugs are prescribed by a physician and dispensed by the school nurse.
2. sleep in my assigned room and not entertain members of the opposite sex in my room, unless my room door is fully opened, and an adult chaperone is notified.
3. keep my assigned chaperone advised of my whereabouts at all times.
4. attend all mandatory activities and meal functions.
5. adhere to all established curfews.
6. conduct myself in such a manner as to bring pride to myself, my family, my school, and my community.
7. adhere to any established dress code.
8. comply, throughout the trip, with any and all instructions directed to me and/or the group by a chaperone or staff member.

If a problem arises that is serious enough in nature to warrant the below-named student's removal from the travel group, we (the student and parent/guardian) agree to bear any additional costs to return the student home. NOTE: This removal decision will be made by the accompanying professional staff member after a student has been provided the opportunity to respond to any allegations. The student may also be subjected to discipline upon return home in accordance with general District policies.

Student

Date

Parent

Date



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2340 F7

FIELD TRIP EVALUATION

School _____ Teacher _____ Class _____

Trip Date _____ This Date _____

Type of Trip: Social Studies Science Math Language Arts Arts Other

1. What was the purpose of the trip?

2. What was the learning behavior expected of students that was to confirm the trip's purpose was accomplished?

3. What percentage of the students were able to demonstrate that behavior? _____

4. How well did the trip prepare the students to better accomplish the learning objectives that were to follow on from this field trip experience?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____
Very Well Not Helpful

Explain _____

5. Should the trip site be selected again because it was appropriate for accomplishing the trip's learning purpose?

Definitely If a better site isn't available No

(over)

6. What changes need to be made in the plans to better accomplish the learning purpose for this type of trip?

7. In terms of what the students learned, how worthwhile is this type of trip in terms of the time and costs involved?

1 2 3 4 5 6 7

Very
Worthless



RESPONSIBILITIES OF TRIP CHAPERONES

The _____ Schools appreciates your willingness to assist us by serving as a chaperone for this sponsored trip. In accordance with Board policy, we wish to inform you of the policies and procedures that will govern this trip and with which you are required to comply.

- A. The trip leader is responsible for the preparation and conduct of the trip and is held accountable by the Superintendent for verifying that the purpose of the trip is achieved.
- B. The trip leader will provide you with detailed information about the trip. Please obtain answers from the trip leader, prior to the trip, to any questions you have concerning the purpose or the trip procedures.
- C. The students on the trip are governed by the District's Code of Conduct which prohibits any inappropriate behavior, such as discourtesy, fighting, harassment, drug and/or alcohol use, stealing, and the like. Your responsibility is not to invoke discipline on a student, except in cases of imminent threat to that student's or other people's safety or well-being, but to report any student behavior problems or any inappropriate conduct on the part of a fellow chaperone or staff member to the trip leader as soon as possible.
- D. We ask that you model the behaviors expected of students throughout the times on the trip when you are associated with the students. If you have free time away from the students, [] your behavior will be such that it does not create problems for or embarrassment to the trip leader(s) or the District [] we continue to expect that your behavior will comport with the same expectations applicable to when you are associated with the students, including the prohibition against consuming any alcohol and/or tobacco products. Please keep the trip leader informed of your whereabouts so s/he can contact you in case of emergency.

Thank you again for your help, and we hope you enjoy this activity with our students as they participate in a meaningful educational experience.

Trip Leader

Principal

5/06



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2340D F1

DISCLAIMER OF RESPONSIBILITY

This Disclaimer relates to students who may be participating in a nondistrict-sponsored trip to _____ (the Trip).

This is to acknowledge that:

- A. the Trip is not sponsored by or in any way affiliated with the _____ District (the District);
- B. any and all District employees who travel with the students on the Trip are doing so on their own time, outside of the scope of their employment with the District, and not as employees of The District
- C. the District has not participated in planning or scheduling any trip activities and has no control or right of control of such activities
- D. the District has made no attempt to evaluate the risks of personal injuries, property loss, or other risks inherent in the Trip
- E. it is the sole responsibility of the parents to evaluate carefully the risks inherent in the Trip
- F. the District assumes no responsibility for the care, supervision, or safety of the students during the Trip

School District

Date



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REQUEST FOR TRANSPORTATION BY PRIVATE VEHICLE

Requesting Staff Member _____

Purpose of the Trip _____

Date(s) of the Trip(s) _____

Time(s) of Departure _____ Time(s) of Return _____

Owner of the Vehicle _____

Driver of the Vehicle _____

Description of Vehicle (make, model and year) _____

Amount of Liability Insurance _____

Name of Insurance Company (attach a copy of front page of insurance policy) _____

I affirm and certify the following:

- There is a safety belt for each passenger and I will require all passengers to use the safety belts.
- I have a valid operator's license in this State (attach a copy of license).
- Each student's parent has provided written consent to the trip (attach a copy of consent form(s)).
- The vehicle is in proper operating condition.
- No hazardous road conditions on the itinerary are forecast.
- Proper transportation has been arranged for each student upon return to the school.
- No other person other than the driver listed above will be driving the vehicle during the trip.
- Any student under the age of twelve (12) will be seated in the rear seat of the vehicle.
- If the trip is out-of-town and the transportation is approved, a copy of each student's Emergency Medical Authorization Form 5341F1 will be maintained in the vehicle during the trip.
- A list of names of the students who will be riding in the vehicle will be provided to the school office.
- I have no more than eight (8) points and/or no six (6) point convictions on my license within the last twenty-four (24) months.

 Signature of Staff Member Date

Transportation Approved Transportation Not Approved

 Principal Date

4/05



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PARENTAL CONSENT FOR TRANSPORTATION BY PRIVATE VEHICLE

I have reviewed the following information and consent to my child being transported by private vehicle for this purpose.

Purpose of the Trip(s) _____

Date(s) of the Trip(s) _____

Time of Departure _____ Time of Return to School _____

Owner of the Vehicle _____

Driver of the Vehicle _____

Description of the Vehicle (make, model and year) _____

I understand the school verifies that the driver has a valid operator's license and possesses/maintains vehicle liability insurance in the amount required by District administrative guidelines. In addition, I understand the Board requires the driver to affirm and certify that their vehicle is in proper operating condition, and that a safety belt will be available for each child in the vehicle. I agree to instruct my child to use the safety belt. Further, I understand the Student Code of Conduct applies while my child is being transported in the private vehicle.

 Parent Signature

 Date

4/05