***EXTENDED TRIP PLAN***

|  |
| --- |
| Allow 45 days for overnight trips or day trips outside the 5-county area ● Allow 60 days for out-of-state trips**Fundraising activities may be conducted prior to Board Approval** |
| **SCHOOL** | **DATES OF TRIP**  |
| **STUDENT GROUP/GRADE LEVEL(S)** | **STAFF ADVISOR/Phone number**  |
| **EVENT/DESTINATION NAME & LOCATION** (Attach any available literature or brochures) |
| **EDUCATIONAL PURPOSE OF TRIP** |
| **PARTICIPANTS** | Students | Certificated | Classified | Non – Staff Adults | Name of Administrator if trip is out-of-state: |
| Male |  |  |  |  |  |
| Female |  |  |  |  |  |
| **Total** |  |  |  |  |  |
| **BUDGET** |  ***Cost*** |  ***Income*** |  |
|  | Transportation | $ |  |  | Fundraisers | $ |  |  |
|  | Accommodations | $ |  |  | Booster Club | $ |  |  |
|  | Food/Meals | $ |  |  | Site Funds | $ |  |  |
|  | Entrance Fees | $ |  |  | Donations | $ |  |  |
|  |  | $ |  |  | ASB | $ |  |  |
|  |  | $ |  |  | PTO/PTA | $ |  |  |
|  | **TOTAL COSTS $** |  |  |  **TOTAL INCOME $** |  |  |
| **MAJOR FUNDRAISING ACTIVITIES AND RELATED INFORMATION** | **PROMOTION** - When and how will trip be advertised? |
|  *Activity* |  | *Date* |  | *Expected Revenue* |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **INFORMATIONAL MEETING(S**) - To discuss purpose of trip, safety related rules, and rules of conduct *Audience Date Time Place* |
| Staff/Chaperones/Sponsor |  |  |  |  |  |  |  |
| Parents/Students/Staff |  |  |  |  |  |  |  |
| How will you contact parents who do not attend above meeting?  |
| **ITINERARY** |
| Trip Departs from |  | at. |  | a.m./p.m. on |  | (date)  |
| Trip Returns at |  | a.m./p.m. on |  | (date) | Total Days |  | Total Nights |  |  |
|  |
| **ACCOMMODATIONS** (Must include street address and phone number)  | **MEAL ARRANGEMENTS** |
| **TRANSPORTATION** \_\_ Automobile \_\_ Bus \_\_ Airplane \_\_ Other  |
| The school requests that the Board of Education approve the request for an Extended Trip as described in this plan. It is understood that the school will comply with all Board Policies and Regulations regarding extended and overnight travel. The Principal and Advisor have met to review District Policy and school rules regarding Field Trips, Student Behavior, and Emergency Procedures. |
| Principal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Assistant Superintendent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Board of Education**£ APPROVED £ NOT APPROVEDMeeting Date  |

#

# *EXTENDED TRIP ITINERARY*

 Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| DAY |   |   |  |
| 7:00 am |  |  |  |
| 8:00 am |  |  |  |
| 9:00 am |  |  |  |
| 10:00 am |  |  |  |
| 11:00 am |  |  |  |
| 12:00 noon |  |  |  |
| 1:00 pm |  |  |  |
| 2:00 pm |  |  |  |
| 3:00 pm |  |  |  |
| 4:00 pm |  |  |  |
| 5:00 pm |  |  |  |
| 6:00 pm |  |  |  |
| 7:00 pm |  |  |  |
| 8:00 pm |  |  |  |
| 9:00 pm |  |  |  |
| 10:00 pm |  |  |  |
| 11:00 pm |  |  |  |

**BECKMAN HIGH SCHOOL**

**REQUEST FOR TRANSPORTATION**

**Date of Trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Destination: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Group/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pick up Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Pick up: \_\_\_\_\_\_\_\_\_ am/pm**

**Returning time to Beckman: - *Load Time* - \_\_\_\_\_\_\_\_\_\_\_\_\_ am/pm**

**Does driver need to stay at location until return time: Yes\_\_\_\_\_ No \_\_\_\_\_**

**Number of Passengers: Students: \_\_\_\_\_\_\_\_\_\_\_\_ Staff/Adults: \_\_\_\_\_\_\_\_\_\_\_**

**Names of Supervising Faculty Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special Requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requested by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Request Date: \_\_\_\_\_\_\_\_\_\_\_**

**Beckman High School**

**Field Trip Roster**

**(Mandatory for all field trips)**

Teacher Requesting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classes missed: 0 1 2 3 4 5 6 7

**The following students are cleared for a school activity:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student ID #** | **Students – Last Name, First Name** | **Student ID #**  | **Students – Last Name, First Name** |
|  |  |  |  |
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**Beckman High School**

Faculty Permission for Student to Attend an Activity

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

has my permission to be absent from class and attend a school sponsored activity.

Activity: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Day: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Sponsored by: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Periods: 0 1 2 3 4 5 6

|  |  |
| --- | --- |
| **Period:** | **Faculty Signature:** |
| 0 |  |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |

**Students must obtain permission and signatures from teachers in each class.**

# *PERMISSION AND INFORMATION FORM*

# *TRIP INFORMATION*

|  |  |  |
| --- | --- | --- |
| School: | Destination: | Date of Trip: |
| Group: | Duration: | * Day
 | * Overnight
 | Advisor: |
| Activity/Purpose: |  |  |
| Departure:Date: Time: | Return:Date: Time: | Transportation:School Vehicle:Other: |

***STUDENT INFORMATION***

|  |  |
| --- | --- |
| Name: | Date of Birth: |
| Street Address: |
| City/Zip: | Phone: Home ( ) | Parent Work: ( ) |
| Parent/Guardian Name: |  |

***MEDICAL/INSURANCE INFORMATION***

|  |  |
| --- | --- |
| Insurance Company: | Policy # |
| Allergies/Medications/Medical Conditions: If you have any special instructions, kindly attach an explanation, and check the appropriate box.  | * Instructions Attached
* No allergies/medications/medical conditions
 |

***EMERGENCY CONTACT (Use a contact other than parent/guardian listed above)***

|  |  |
| --- | --- |
| Name: | Relationship: |
| Street Address: |
| City/Zip: | Phone: Home ( ) | Work: ( ) |

 **No student shall be prevented from making the field trip or excursion because of lack of sufficient funds.**

**STUDENT CONDUCT**

The Principal/designee has thoroughly explained the purpose of this trip, safety rules, and rules of conduct. In addition to rules and

consequences established by the transportation provider, facility, or other organizer of this event, all school and district rules apply,

including those related to alcohol and drug use. The consequences for violating those rules will be the same as if the violation were

committed at school.

##### TO THE PARENTS

Please carefully read the information about the trip, itinerary, and other information provided above. Complete the contact and emergency

information. Be sure to check the appropriate box and attach special medical instructions as necessary. Please note that all school rules,

including those related to alcohol and drug use will apply while on this field trip. Your student will be held accountable for behavior as if

he or she were at school.

***LIABILITY RELEASE***

As provided for in California Education Code Section 35330, the parent/guardian waives all claims against the State of California or the

Tustin Unified School District, its officers, employees, and agents, for injury, accident, illness, or death occurring during or by reason of this trip.

# *MEDICAL AUTHORIZATION*

In the event of any illness or injury, the parent/guardian hereby consents to whatever x-ray, examination, anesthetic, medical, dental, or

surgical diagnosis and/or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and

welfare of the student. It is understood that the resulting expenses will be the responsibility of the parent/guardian and the school or

district does not provide medical coverage for

participants in this activity.

I have been informed about this field trip and agree to the Student Conduct, the Liability Release and Medical Authorization.

 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date Student Signature Date

#

# *CHAPERONE FORM TRIP INFORMATION*

#

|  |  |  |
| --- | --- | --- |
| School:  | Destination:  | Date of Trip: |
| Group:  | Duration: * Day
* Overnight
 | Advisor: |
| Activity/ Purpose:  |
| Departure: Date: Time:  | Return:Date: Time:  | TransportationSchool; vehicle: Other:  |

***CHAPERONE INFORMATION***

|  |  |
| --- | --- |
| Name:  | TUSD Employment: * TUSD Certificated
* TUSD Classified
* Not a TUSD employee
 |
| Street Address:  |
| City/ ZIP: | Phone:  |
| Insurance Company: Policy #:  |
| Allergies/Medications/Medical Condition: If you have any special instructions, kindly attach an explanation, and check the appropriate box. | * Instructions Attached
* No Instructions Attached
 |

***CHAPERONE EMERGENCY CONTACT***

|  |  |
| --- | --- |
| Name:  | Relationship: |
| Street Address:  |
| City/ZIP:  | Phone: |

***CHAPERONE RESPONSIBLITIES***

The Principal/designee has thoroughly explained the purpose of the specific field trip or competitive event for which I am the

designated chaperone. The Principal/designee has clearly informed me about my duties and responsibilities as a designated

chaperone. The Principal/designee has given me a copy of the Trip/Travel Administrative Regulations (6174) which I have

read and understand. As a designated chaperone, I agree to fulfill my duties as outlined by the Principal/designee and to fulfill all

supervision requirements as listed in Regulation 6174. I understand that I may not consume alcoholic beverages or use controlled

substances while on this trip.

### *LIABILITY RELEASE*

As provided for in California Education Code Section 35330, I waive all claims against the State of California or the Tustin Unified

School District, its officers, employees, and agents, for injury, accident, illness, or death occurring during or by reason of this trip.

# *MEDICAL AUTHORIZATION*

In the event of any illness or injury, the parent/guardian hereby consents to whatever x-ray, examination, anesthetic, medical,

dental, or surgical diagnosis and/or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary

for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

**My signature below indicates that I have been informed of my responsibilities as a chaperone and**

**agree to the Liability Release and Medical Authorization.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

# DESIGNATED STAFF OR

# VOLUNTEER DRIVER INFORMATION

#  DRIVER INFORMATION

|  |  |
| --- | --- |
| Name: | Date of Birth:  |
| Street Address: |
| City/Zip: | Phone: Home ( ) | Work: ( ) |
| Driver’s License Number: | Expiration Date: |
| **Please attach a current copy of Driver’s License.** |

 ***VEHICLE INFORMATION***

|  |  |  |
| --- | --- | --- |
| Make: | Model: | Year: |
| Vehicle License Number: |
| Registered Owner: | Phone: Home ( )Work: ( ) |
| Address |

 ***INSURANCE INFORMATION***

|  |
| --- |
| Insurance Carrier: |
| Insurance Agent: | Phone: |
| Address: |
| Policy Number: | Date of Issue: | Expiration Date: |
| Limits of Liability: |

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as

a volunteer driver, I must possess a valid driver’s license, have a proper and current license and vehicle registration,

and have at least the minimum insurance coverage in effect as specified in the California Vehicle Code on any vehicle

used to transport students. I certify that my vehicle is in good mechanical condition, e.g., brakes have been checked at

appropriate intervals.

**I hereby authorize the Tustin Unified School District to monitor my motor vehicle record (MVR) using the**

**Embark Safety, LLC - Driver Safety Management System, a California Department of Motor Vehicles (DMV)**

**approved agent. I authorize Embark Safety to conduct a comprehensive review of my driver record background**

**which may include information about my names, motor vehicle records, and license verification; and therefore,**

**authorize a full release of the information described above, without any reservation, throughout the**

**duration of my employment at Tustin Unified School District**

Driver’s Signature Date

(Electronic Signatures are not acceptable. Must be physically signed.)

Print Name

# *TRIP/TRAVEL CHAPERONE LIST*

# *Names of Certificated Employees*

1.

2.

3.

4.

5.

### Names of Classified Employees

1.

2.

3.

4.

5.

#### **Names of Designated Non-Staff Chaperones**

1.

2.

3.

4.

5.