

**Student Field Trip Request Forms****OVERNIGHT/OUT-OF-STATE TRIP REQUEST**

Overnight and out-of-state field trips requests must be submitted to the Board of Education for approval. All other field trip requests will be approved by the school Principal using the One-day Field Trip Request Form. Refer to 09.36 AP.1 for requirements.

**This form is good for all overnight/out-of-state field trip requests including athletic events.**

Teacher/Coach: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Team (if applicable): \_\_\_\_\_

School phone number and extension: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Best time to contact by phone: \_\_\_\_\_

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

**Purpose:** \_\_\_\_\_

**Date of trip:** \_\_\_\_\_

**Departure time:** \_\_\_\_\_ **Return time:** \_\_\_\_\_

Class/Team involved: \_\_\_\_\_

Total number of students/athletes participating: \_\_\_\_\_

**TRANSPORTATION**

*Must plan for and check one (1) of the options in this section.*

- We are requesting to travel by school bus and will complete the appropriate bus request forms.
- \*We are requesting to travel by common carrier (charter bus) and have the appropriate documentation attached to this request.
- \*We are requesting to travel by air, rail, or sea services and have attached the appropriate documentation.

*\* See attached procedures.*

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**SUPERVISION**

Supervision requirements:

Elementary/JELV - 8 students to 1 adult

Middle and High School - 12 students to 1 adult

For all overnight travel, if there are students of both genders participating, chaperones of both genders are required. The sponsor is included in the supervision ratio and may be counted to meet gender requirements.

Number of male students participating: \_\_\_\_\_

Number of male chaperones participating: \_\_\_\_\_

Name: \_\_\_\_\_  Faculty  Staff  Volunteer

Name: \_\_\_\_\_  Faculty  Staff  Volunteer

Name: \_\_\_\_\_  Faculty  Staff  Volunteer

Name: \_\_\_\_\_  Faculty  Staff  Volunteer

Name: \_\_\_\_\_  Faculty  Staff  Volunteer

Name: \_\_\_\_\_  Faculty  Staff  Volunteer

Name: \_\_\_\_\_  Faculty  Staff  Volunteer

Name: \_\_\_\_\_  Faculty  Staff  Volunteer

Name: \_\_\_\_\_  Faculty  Staff  Volunteer

Name: \_\_\_\_\_  Faculty  Staff  Volunteer

Number of female students participating: \_\_\_\_\_

Number of female chaperones participating: \_\_\_\_\_

Name: \_\_\_\_\_  Faculty  Staff  Volunteer

Name: \_\_\_\_\_  Faculty  Staff  Volunteer

Name: \_\_\_\_\_  Faculty  Staff  Volunteer

Name: \_\_\_\_\_  Faculty  Staff  Volunteer

Name: \_\_\_\_\_  Faculty  Staff  Volunteer

Name: \_\_\_\_\_  Faculty  Staff  Volunteer

Name: \_\_\_\_\_  Faculty  Staff  Volunteer

Name: \_\_\_\_\_  Faculty  Staff  Volunteer

Name: \_\_\_\_\_  Faculty  Staff  Volunteer

Name: \_\_\_\_\_  Faculty  Staff  Volunteer

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**PARENT APPROVAL AND COMMUNICATION**

Parents are to be informed of the nature of the trip, the approximate departure and return times, means of transportation, and any other relevant information. Parents must give approval for students to participate in school-sponsored trips.

For overnight travel, a printed itinerary that includes all events, times, and locations and the hotel/motel name, address, and phone number must be distributed to parents prior to travel. The same document must include all student rules for travel including specific instructions regarding behavior and decorum and a statement that the District Code of Conduct is in effect at all times while traveling. In addition, all students participating in overnight travel must return the signature page of the District overnight travel procedure that will include both student and parent signatures indicating agreement to abide by these rules. (See travel procedure attached.)

**SPONSOR ACKNOWLEDGEMENT OF RESPONSIBILITY**

Trip Sponsors/Coaches: Please check that you accept the required responsibility for acquiring student and parent signatures on both a general permission slip and the District overnight travel procedures document.

- I will require the return of student and parent signatures as directed by District oversight travel procedures in advance of travel. I understand that no student may participate in overnight travel without these signatures being returned.
- I will provide and require all volunteers to review and sign the Guidelines for Overnight/Out-of-State Field Trip Chaperones procedure. I will also inform them of their specific responsibilities including their expectations for supervising students and emergency procedures.

**MEDICAL SUPERVISION**

**ATTENTION: This portion of the request must be completed before presentation for consideration by the Principal. The Principal will ensure that, if required, properly trained personnel are assigned to this field trip as indicated below.**

Please check one (1):

- There are student(s) diagnosed with conditions that may require emergency dispensing of medication participating in this field trip. (Trained employee required as described below.)
- It is possible that student(s) diagnosed with conditions that may require emergency dispensing of medication will be participating in this field trip. (Trained employee required as described below.)
  - There are **NO** students participating that will require emergency dispensing of medication. (Trained employee not required.)

**Please review carefully:**

As per state law, if a student may potentially require the administration of emergency medication such as Glucagon, EpiPen, or Insulin injections, it is the direct responsibility of the sponsor/head coach to ensure that trained personnel are present and available to administer required medications at any time while under school supervision.

*Trained school personnel* shall be defined as those employees that have successfully completed on an annual basis the KDE approved Medication Administration Training Course administered through the Jessamine County Schools Health Coordinator.

**The following employee has completed District Medication Administration Training and will be designated to secure and administer medications, both regularly and in case of emergency, for the duration of the field trip:**

*Name of Trained Employee*
*Date of Training*

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Overnight lodging for students must be appropriately selected with student safety, quality of accommodations, cost, and location to events as central considerations. Students should be appropriately assigned to rooms and an overnight adult supervision and contact plan should be established and communicated to students.

Hotel/Motel: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Number of nights: \_\_\_\_\_

**DESCRIPTION OF TRAVEL ACTIVITY**

Please check as applicable:

- This is a class field trip.

Cost per student: \_\_\_\_\_

How will this cost be paid? \_\_\_\_\_

Elementary Grade(s): \_\_\_\_\_ or MS/HS Grade and Course: \_\_\_\_\_

- What is the "learning purpose" for this field trip? What will students know or be able to do as a result of this experience?
- How will student learning be assessed?
- If students are not attending, what work will be assigned to allow them to participate in the subject matter addressed?

- This is an affiliated (KMEA, FFA, BETA, other clubs) activity.

Cost per student: \_\_\_\_\_ How will this cost be paid? \_\_\_\_\_

Provide a brief description of the purpose for this travel: \_\_\_\_\_

**DESCRIPTION OF TRAVEL ACTIVITY SECTION (ATHLETIC)**

1. Trip Cost Break-down:

a. Daily lodging expense per athlete \_\_\_\_\_ x \_\_\_\_\_ nights =

b. Transportation Cost to and from the event per athlete \_\_\_\_\_. Please base this figure on the cost of transportation ASSUMING travel by school bus, District van, charter bus, or plane for all players. Trips requests that do not include this per-athlete expense will not be considered.

c. Daily meal expenses for three meals per day per athlete \_\_\_\_\_

d. Other required fees associated with the trip (e.g., camp fee) \_\_\_\_\_ - Please describe: \_\_\_\_\_

2. Total of a-d \_\_\_\_\_ ÷ # of days \_\_\_\_\_ = \_\_\_\_\_ Cost of trip per athlete  
Not to exceed \$200 per day per student.

3. How will this cost be paid? (Must include a breakdown of total cost including cost to school, parent and boosters.) \_\_\_\_\_

4. Provide a brief description of the purpose for this travel: \_\_\_\_\_

5. This is a national competition.

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**OVERNIGHT/OUT-OF-STATE TRAVEL APPROVAL DOCUMENTATION**

**SCHOOL APPROVAL**

**RECOMMEND APPROVAL**

**RECOMMEND DENIAL**

Principal's signature: \_\_\_\_\_  Accept this as my authorized signature Date: \_\_\_\_\_

This is an overnight travel request and I affirm that the trip sponsor is meeting all requirements of the overnight travel procedures including procuring proper permissions and acknowledgement of travel rules.

I am affirming that an employee who has properly completed the District Medication Administration Training has been designated to dispense emergency medications during this field trip.

**SUPERINTENDENT APPROVAL**

Recommend Approval

Recommend Denial

Supt/Designee signature: \_\_\_\_\_  Accept this as my authorized signature Date: \_\_\_\_\_

**BOARD APPROVAL**

Approved  Not Approved

Board Chair signature: \_\_\_\_\_  Accept this as my authorized signature Date: \_\_\_\_\_

Superintendent signature: \_\_\_\_\_  Accept this as my authorized signature Date: \_\_\_\_\_

Board approval #: \_\_\_\_\_

List any special conditions for approval/reasons for non-approval:

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

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**OVERNIGHT TRAVEL REQUIREMENTS**

The following requirements are established for students participating in overnight travel approved by the Jessamine Board of Education:

- Students are subject to the Jessamine County Schools Code of Conduct for the complete duration of the trip. Parents and students should be especially mindful of the prohibition on possession and/or use of items such as tobacco, alcohol, illegal drugs, non-registered prescription, weapons, inappropriate media (including print or video material), or other items identified as inappropriate for school.
- Students will be expected to exhibit proper behavior during overnight lodging. The trip itinerary will include a printed timeline for reporting to assigned rooms or sleeping space and a specified “quiet time” will be established and observed. Students may not leave room or sleeping areas without permission of the trip sponsor and only under chaperoned supervision.
- In the event that student behavior results in a threat to the health and/or safety of the student and/or any other person or persons, or if student behavior results in criminal detention, or arrest, the trip sponsor will contact parents by phone to inform them of the incident and the potential that their child will be returned home. The trips sponsor will then contact the school Principal/designee who will make the final decision regarding the student’s return.
- If the decision is made for the student to return home, parents assume all responsibility for costs and must make arrangements for light or ground transportation for the student within 24 hours of the initial call. Only parents with appropriate identification will be allowed to take custody.
- Should parents refuse to make travel arrangements or to take physical custody of their child, the child will be barred from any future field trip participation (local or overnight/out-of-state) while a student in Jessamine County. If the student is a Senior in a Jessamine County School, the Superintendent may impose additional penalties related to any allowance the Board provides to students including driving privileges, presence on school campus at after-school events, or other penalties as deemed appropriate.
- Any violations of the Code of Conduct, including those that would not result in a recommendation for a student to be returned home, will be addressed through a school discipline referral prepared by the trip sponsor and presented to a school administrator on the first day of school after the conclusion of the trip.

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*Signatures on this form are required for participation on any overnight travel.  
Please detach, retain upper portion, and return lower portion to trip sponsor.*

Description of travel: \_\_\_\_\_

Dates of travel: \_\_\_\_\_ Sponsor/Coach: \_\_\_\_\_

Students:

I acknowledge the receipt of, and agree to abide by, the Overnight Travel Requirement and any other rules established by the trip sponsor as detailed on the trip itinerary. I understand that misbehavior, as described in the requirements, may result in my being returned home at my parent’s expense.

\_\_\_\_\_  
Student Signature

Date: \_\_\_\_\_

Parents:

I acknowledge the receipt of, and agree to abide by, the Overnight Travel Requirement and any other rules established by the trip sponsor as detailed on the trip itinerary. I understand that misbehavior by my child, as described in the requirements, may result in my child being returned home at my expense.

\_\_\_\_\_  
Parent Signature

Date: \_\_\_\_\_

Review/Revised:4/28/14