

EAST SIDE UNION HIGH SCHOOL DISTRICT

Instructional Services Division Julianna Arreola – Administrative Secretary ♦ Phone: 347-5061 FAX: 347-5065
Email: arreolaj@esuhsd.org

Field Trip Forms and Procedures

Student Activity Field Trip Request Form

- Front of form completed (*Purpose of Trip* and *Relevance* must have a specific description; *Destination* – Please specify city and state)
- Account numbers noted (The Board would like to know what budget, if any, will be impacted.)
- Signed by teacher. Administrator must also sign **and** date.
- Please submit the original and updated version of request form(s)
- Request form for trips out of the country should be submitted no later than 4 months prior to contemplated departure date.
- Local field trips that are **not** overnight, do not need district approval. **Please make sure that the Supervisors attending are certificated East Side staff.**

NOTE: *Per federal regulations, bag lunches must be offered to all students for trips during the school day. Contact site kitchen manager at least one week in advance.*

Student Activity Field Trip Request Form (Page 2 of 2)

- (Page 2 of 2) should be checked off where applicable

List of Students

- List of students with ID number (This applies to ALL field trips)

Field Trip Authorization and Release Form *

- Completed by each student for **every** field trip and kept on file at site

School Bus Request (New forms are available on the web)

- Original or copy of bus request (Site responsible for calling transportation to secure bus.)

Personal Automobile Use

- Form must be completed by each driver for **each** field trip (original – district office; copy – site)
- Form must be signed by site principal
- Must include copy of driver’s license
- Must include copy of proof of auto insurance

Transportation Authorization

- To be completed by each student riding as a passenger in a vehicle driven by an adult.
- (original – district office; copy – site)

Chartered Bus and Other Rented Vehicle(s)

- Copy of Invoice
- Current insurance certificate of company
- ***NOTE:*** *Before you contract a chartered bus company, you must first contact the District transportation department using the new bus request form. If transportation cannot accommodate you, they will check off the appropriate box. A copy of the form indicating their unavailability must accompany your field trip packet.*

Request for Purchase Order

- For cost of chartered bus, rented vehicle(s), admissions fee, etc.

Air Travel

- Itinerary from air lines
- Must purchase traveler’s insurance (with ticket or separately)

Itinerary of Events

- For all trips out-of-country, out-of-state, overnight or over 60 miles
- Accommodation arrangements for overnight trips

Parent/Guardian Permission for Student Participation in Off-Campus School Sponsored Events

- To be completed by each student for out-of-state and out-of-country events
- Original – district office; copy - site

BOARD APPROVAL NEEDED FOR TRIPS THAT ARE:

- Over 60 miles
- Overnight
- Out-of-state
- Out-of-country

***Available in Spanish and Vietnamese**

“OVERNIGHT TRIPS AND TRIPS INVOLVING AIR TRAVEL MUST BE RECEIVED BY THE DISTRICT OFFICE AT LEAST EIGHT WEEKS PRIOR TO REQUESTED DATE”

**EAST SIDE UNION HIGH SCHOOL DISTRICT
STUDENT ACTIVITY FIELD TRIP REQUEST FORM
FOLLOW INSTRUCTIONS ON BACK OF THIS FORM**

Today's Date: _____ School: _____ Group: _____ Student Preparation: _____

Destination of Trip: _____
(City and State) (special instructions, funds, clothing, special equipment or training, **release form**, etc.)

Date Leaving: _____ Time: _____ Date Returning: _____ Time: _____ Potential Hazards & Appropriate Contingency (if necessary): _____

Purpose of Trip: _____
(ie., college visit, educational trip, student conferences, field study)

Number of Students Attending: _____ Number of Supervisors: _____ How expenses (if any) will be raised: _____

Name of Supervisors: _____

Cost to Pupils: _____ How Paid: _____

Transportation Needs: _____
(ie., chartered bus, personal private vehicle, public transportation, school bus, air travel, etc.) Provisions for students who cannot afford to come up with funds on their own (if applicable) _____

Insurance Needs: _____

PLEASE CALL TRANSPORTATION TO RESERVE DISTRICT BUS(ES). ATTACH BUS REQUEST IF DISTRICT IS PROVIDING TRANSPORTATION.

Charge Account Number: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

Number of Subs Required: _____ Period(s) _____ / _____ / _____ / _____ / _____ / _____

Charge Account Number: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

Relevance of this field trip to current unit of study/program goals: _____

<u>LESSON OBJECTIVES OF TRIP</u>	<u>ACTIVITIES</u>	<u>MEASUREMENT OF LESSON OBJECTIVES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

School Approvals: _____ District Approval: _____
Signature (Teacher Initiating Request) Teacher Extension # *Principal/Site Administrator Superintendent/District Designee

* My signature assures that every student going on this field trip has completed and returned a *Field Trip Authorization & Release form*. Rev-JA 8.14.17

LOCAL FIELD TRIPS

The following items must be checked off as completed PRIOR to submitting field trip request for principal and/or APED approval for local field trips.

1. ____ **Educational Trip** (relevance to current unit of study)
2. ____ **Transportation Needs**
____ **School Bus** (must have bus request and/or copy for submittal to transportation)
____ **Personal Private Vehicle** (must submit Personal Automobile Insurance verification with field trip request)
____ **Chartered and/or rented vehicles**
Must submit a current insurance certificate and an endorsement of additional covered interest naming ESUHSD as additional insured attached to the field trip request. If renting a van with 10 (or more) passengers, including driver, designated driver must have a Class A driver's license.
3. ____ **Cost to Students** (no student will be excluded from a field trip because of lack of funds)
____ Provisions have been made for those students who cannot afford to come up with funds of their own.
4. ____ **Must have Principal/APED approval**

OUT OF STATE/BEYOND 60 MILES

The following items must be checked off as completed PRIOR to submitting field trip request for Superintendent/Board approval.

1. ____ **Educational Trip** (relevance to current unit of study)
2. ____ **Transportation Needs**
____ **School Bus** (must have bus request and/or copy attached for submittal to transportation)
____ **Personal Private Vehicle** (must submit Personal Automobile Insurance verification with field trip request)
____ **Chartered and/or rented vehicles**
Must submit a current insurance certificate and an endorsement of additional covered interest naming ESUHSD as additional insured attached to the field trip request). If renting a van with 10 (or more) passengers, including driver, designated driver must have a Class A driver's license.
____ **Air Travel** (must submit an itinerary attached to the field trip request)
3. ____ **Cost to Students** (no student will be excluded from a field trip because of lack of funds)
____ Provisions have been made for those students who cannot afford to come up with funds on their own.
4. ____ **Itinerary of Events** (for all trips out of state, overnight and beyond 60 miles)
5. ____ **Must have Principal/APED approval**

East Side Union High School District
Department of Insurance and Risk Management

830 North Capitol Avenue
San Jose, CA 95133
(408) 347-5061

FIELD TRIP AUTHORIZATION & RELEASE

Dear Parent/Guardian:

Student Name: _____ Age: _____

Address: _____ City: _____ Zip: _____ Phone: _____

has my permission to participate in the activity shown below.

Date: _____
Meeting Place: _____
Time of Departure: _____ Time Returning: _____
Transportation Provided By:
School Transportation: _____ Yes _____ No
Voluntary Drivers: _____ Yes _____ No

I am aware that during any trip or excursion injury or death may occur from hazards, including but not limited to, hazards of accidents or illness in places without medical facilities, hazards created by the forces of nature, and hazards of travel by air, train, bus, automobile and walking. I am voluntarily permitting my Student to participate in the above activity with the knowledge of the hazards involved and I agree to accept any and all risks of injury or death.

Parent/Guardian please initial here: _____

In consideration of Student's participation in the activity described above, I agree that I, my heirs, spouse, guardians, legal representatives and assigns will not make a claim against, or sue **East Side Union High School District, its officers, agents or employees** for injury, death or property damages arising from the negligence or acts by the East Side Union High School District, its officers, agents or employees, as a result of Student's participation in the activity described above.

In addition, I release and discharge the **East Side Union High School District, its officers, agents and employees** from all actions, claims, or demands that I, my heirs, guardians, legal representatives or assigns now have or may later have for injury, death or property damage resulting from Student's participation in the activity described above.

This Agreement and Release of Liability are intended to be binding upon heirs, guardians, legal representatives and assigns.

I, _____ (**Parent/Guardian**), HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I HAVE EXPLAINED THIS DOCUMENT TO MY CHILD/WARD AND REPRESENT THAT MY CHILD/WARD UNDERSTANDS THE CONTENTS OF THIS DOCUMENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I SIGN IT VOLUNTARILY.

Parent/Guardian's Signature

Date

If Student is under the age of 18:

Name of Parent/Legal Guardian: _____

Parent/Legal Guardian's Address: _____

Parent/Legal Guardian's Home Telephone No.:

Work: _____

MEDICAL AUTHORIZATION- The undersigned representing him/herself, or on behalf of the child named above, hereby authorizes an agent of the **EAST SIDE UNION HIGH SCHOOL DISTRICT** to consent to any medical, dental, surgical, or hospital care, treatment or diagnosis for the above named child, under the care or supervision of any licensed physician, surgeon or dentist. If given on behalf of child, this authorization shall be deemed given under California Family Code Section 6910. I further agree to pay for any medical, dental, surgical, or hospital care, treatment, or diagnosis provided the above named child pursuant to this authorization, and to defend, indemnify and hold harmless East Side Union High School District from any actions, claims, or demands that I, my heirs, guardians, legal representatives or assigns, or any other person or entity may now have or may later have, including but not limited to claims for injury, death, property damage, or medical bills and expenses resulting from care, treatment, or diagnosis provided to the above named child pursuant to this authorization.

Student's Physician: _____

Physician's Address: _____ Telephone No.: _____

Medical Insurance: _____ Group Number: _____

Subscriber's Name: _____ ID Number: _____

Employer's Address: _____

CANCELLATION NOTIFICATION – I am aware that in the event the field trip is cancelled the East Side Union High School District will not be responsible for reimbursing any costs/expenses incurred.

Parent/Guardian please initial here: _____

Parent/Guardian of Student **Date**

Parent/Guardian of Student **Date**

Please list any allergies or special medical conditions of Student:

TEACHER ACKNOWLEDGEMENT:

Per.	Class	Signature and Date
1		
2		
3		
4		
5		
6		
7		

EAST SIDE UNION HIGH SCHOOL DISTRICT
PARENT/GUARDIAN PERMISSION FOR STUDENT
PARTICIPATION IN OFF-CAMPUS
SCHOOL-SPONSORED EVENTS

_____ has my permission to attend
(NAME OF STUDENT)

_____ which will take place at:
(ACTIVITY/EVENT)

Date of event: _____ Class or group attending: _____

Teacher or leader: _____

Method of Transportation: _____

If traveling by automobile, name of driver: _____

1. I understand that all students going on this trip will be responsible in conduct to the bus driver, to teachers or adult sponsors. It is further understood that students will go and return from the event on the transportation provided and that every reasonable caution will be maintained on the trip.
2. I hereby acknowledge that I have been advised that the activities involved in this excursion/field trip are _____ are not _____ considered by the District to be of "high risk" to the participants.

(DATE)

(PARENT OR GUARDIAN SIGNATURE)

WAIVER OF CLAIM

(To be completed for Out-of-State or Out-of Country events only)

In granting permission to attend, I do hereby waive all claims and hold harmless the individual sponsors, the East Side Union High School District, and the State of California for any injury, accident, illness, death, or any loss or damage to personal property occurring during or by reason of this excursion/field trip or event.

(DATE)

(PARENT OR GUARDIAN SIGNATURE)

Transportation/Bus Request

Procedure

1. All bus transportation requests must be reviewed by the transportation department.
2. School submits completed Bus Request form #3000-53 with a copy of the Student Activity Field Trip Request form to the Transportation Department. (Form #3000-53 available online.)
3. Transportation will review request for bus availability.
4. If request is approved, transportation will assign a district bus, schedule the trip and return confirmation to the school.
5. If a district bus is not available and the request is "denied" by district transportation, transportation will send request back to the school advising school to use outside vendor services from the district's approved vendor list.
 - a. The district's approved vendor list includes the following:
 1. Royal Coach Tours (408) 279-4801
 2. West Valley Charters (408) 371-1230
 3. San Jose Charters (408) 360-9883
 4. Laidlaw Transit (408) 971-3466
 5. Durham School Services (408) 377-6655
 6. School Transportation of America (STA) (408) 998-8275
6. If using an outside service, an RPO (Request for Purchase Order) must be submitted to Purchasing to confirm bus reservation.
7. A copy of the Student Activity Field Trip Request form and "denied" Bus Request form must be attached to the RPO.
8. When using outside services, teachers and/or field trip supervisors are responsible for making sure that the bus driver and the bus are certified. The driver must have the following:
 - b. California Commercial Driver License -Class: B and Endors: P
 - c. California Special Driver Certificate
 1. If there is a "restriction #6" on the certificate indicating "First Aid Test Waived", driver must also present a First Aid certificate.
 2. Certificate must indicate that it is certified for School Bus or School Pupil Activity Bus (SPAB) use
 - d. Medical Examiner's Certificate (check expiration date)
 - e. CHP inspection approval certificate. The date of the trip must not be more than 13 months from the "date certified".
9. Overnight trips, out-of-state trips and trips beyond 60 miles of district boundary must be approved by the Board and the Superintendent. Approvals must be obtained at least (4) weeks prior to trip date.

BUS REQUEST
East Side Union High School District
 830 North Capitol Ave.
 San Jose, California 95133
 Telephone (408) 347-5292 Fax (408) 347-5295

Date of Application: _____

School:		Dept/District:		Requested by:	
Date(s) of Use:	# Pass:	# Buses:	Time Leaving School:	Pick up at	Return Time at
Special Instructions:					FAX #:
Destination:					
Purpose of Trip:					Quote: \$ _____ Per bus
Method of Payment: (check box)	<input type="checkbox"/> ESUHSD Account #:			<input type="checkbox"/> School Bank #:	
	<input type="checkbox"/> PO # and Bill to Address required:			<input type="checkbox"/> Other:	

Approved: _____ (Principal) Approved: _____ (Administrator authorized to expend funds)

Approved: _____ (Transportation)

ESUHSD Bus not available. Contact Purchasing at (408) 347-5071 for approved vendor list.

*Superintendent Approval: _____

*Board Approval: _____

* Required for overnight, out-of-state, and trips over sixty (60) miles.

** For Transportation Department only **			
Vehicle(s): _____		No. of Passengers: _____	
Total Miles: _____		Total Hours: { Regular: _____ Overtime: _____	
Cost @: _____ /Mile \$			
Other: _____		\$ _____ /Hr. OT: \$	

District use only:

Total Cost \$ _____

Date Received: _____

Invoice #: _____

**TRANSPORTATION AUTHORIZATION
(Vehicle driven by self and/or another adult person)**

The undersigned hereby acknowledges and understands that East Side Union High School District is not providing transportation to voluntary school-sponsored activities and that it is the responsibility of the undersigned to arrange transportation for his/her son or daughter.

As parent/legal guardian, I hereby authorize and give permission for my son/daughter _____, to provide his/her own transportation in a self-driven vehicle and/or to ride as a passenger in a vehicle driven by another adult.

The undersigned acknowledges and understands the driver is not driving on behalf of, or as an agent of the District. Further, the undersigned understands the District has not verified the driving record of the driver or the mechanical condition of the vehicle.

It is fully understood that the District is in no way responsible, nor does the District assume liability for any injuries or losses resulting from this non-District sponsored transportation. Although the East Side Union High School District may recommend travel time, routes, or assist in coordinating the transportation to or from this event, I fully understand that such recommendations are not mandatory.

I, the undersigned, further understand that under certain circumstances, the District may occasionally provide District sponsored transportation to an event but not necessarily return transportation from the event. Should this transportation be offered, it is strictly voluntary.

_____	_____
Parents/Legal Guardian Signature	Date
_____	_____
Parents/Legal Guardian Signature	Date

PERSONAL AUTOMOBILE USE

Permission Form

Name _____ Birth date _____

Driver's License # _____

Year & Make of Auto _____

Vehicle License Plate # _____

Insurance Carrier/Agent _____

Policy # _____ Expiration Date _____

Liability Limits _____

Driving Restrictions _____

I certify the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage and agree to advise the District, in writing, of any changes in the above information.

Signature

Date

Principal's Signature **REQUIRED**

Signature

Date

NOTE: *If you drive your personal automobile while on school business and you are involved in an accident, by law, your own insurance policy is used first. The District liability policy would be used only after your liability policy limits have been exceeded. The District does not cover, nor is it liable, for comprehensive and collision coverage to your vehicle.*

PLEASE COMPLETE THE FOLLOWING INFORMATION

School: _____ Date of Activity: _____

Activity: _____ Location: _____

Address: _____ Telephone #: _____