



# Field Trip Packet 2009-2010 School Year



This packet includes everything you need in order to prepare for a field trip. Fill in each sheet and get it to the proper person at least **30 days** before your scheduled trip (**in town and out of town trips**). A checklist of everything you need to do is included in this packet.

**All out-of-state field trips must be approved by the school board 30 days prior to arranging transportation.** Out-of-state field trips that extend beyond the normal 8:30 a.m to 2:00 p.m. time frame will require the use of a charter bus.

**IF YOU CHOOSE TO USE PUBLIC TRANSPORTATION (CHARTER BUS, AIRPLANE, TRAIN, ETC.), YOU MUST OBTAIN A WRITTEN COPY OF THE TRANSPORTATION COMPANY'S CANCELLATION POLICY PRIOR TO BOOKING THE TRIP.**

## **Field Trip Regulations**

This packet and regulations apply to **all** field trips – regular classrooms trips (**in town and out of town trips**) and Afterschool Program trips.

1. E-mail Theresa Taylor ([ttaylor@lex3.k12.sc.us](mailto:ttaylor@lex3.k12.sc.us)) at least **30 days before** you schedule your field trip to make sure of dates that buses are available. **Failure to do this will result in your trip being denied!**
2. Once you have e-mailed to reserve your field trip date, a completed and signed Field Trip Request Form **must** be faxed to Theresa at 532-4265 **within one week of your e-mail** to complete your bus reservation. **Failure to do this will result in your scheduled trip being cancelled.**
3. All trips will depart no earlier than **8:30 a.m.** and all trips will return no later than **2:00 p.m.**
4. The **last day** to **schedule** a field trip will be **Friday, April 17th.**
5. The **last day** to **take** a field trip will be **Friday, May 29<sup>th</sup>.**

**All field trips are booked on a first come - first serve basis.**

# FIELD TRIP CHECKLIST

## 2009-2010 School Year

- \_\_\_\_\_ 1. E-mail Theresa Taylor at ttaylor@lex3.k12.sc.us at least **30 days before** you schedule your field trip to make sure of dates that buses are available. Failure to do this will result in your trip being denied. Use the attached Field Trip cost form to get an estimate on the transportation cost for your field trip.
- \_\_\_\_\_ 2. Fill in the "Field Trip Request Form", put "Yes" in the Transportation Arranged box, fill in the name of the bus officer person who responded to your e-mail and the date and time that you obtained a bus. Get the Principal/Assistant Principal to sign the form. Make 3 copies.....1- your records, **1 – Theresa Taylor (driving directions must be included)**, Principal/Assistant Principal, 1 – attendance clerk. Form must be signed by the Principal before making copies. Fax this form **within one week** of your e-mail to Theresa at 532-4265 to complete your reservation.
- \_\_\_\_\_ 3. Fill in "Field Trip Permission Form" - run copies and give to students. To help estimate the cost of your field trip use this formula - **\$1.32/mile and \$12.00/hour for the driver (1 hour minimum)**. This cost applies to ALL field trips – in town and out of town.
- \_\_\_\_\_ 4. The "Chaperone Form" must be completed by any adult interested in chaperoning a field trip and must be returned to the teacher at least two weeks prior to the trip. Immediately send the form to Maryjo Marcavage at the District Office for approval.
- \_\_\_\_\_ 5. Very Important! - fill in the "Cafeteria Notification Form" and get it to the cafeteria manager at least one month prior to the field trip.
- \_\_\_\_\_ 6. Fill in the "School Nurse Notification Form" and get it to the Nurse at least one week before the field trip so medications can be prepared.
- \_\_\_\_\_ 7. Fill in the Notification of Field Trip Participants and make 3 copies. 1-Attendance clerk in school office, 1-Cafeteria Manager, 1- Bus Driver, 1-Your records.
- \_\_\_\_\_ 8. Fill out a substitute teacher request if one is needed.
- \_\_\_\_\_ 9. Be sure to arrange for someone to cover any duties you may miss while on your field trip. Also inform the teachers of any classes your students will miss during the day.

\*\*\*\*\* **Approximate cost per bus (gas & driver) \$1.32/mile + \$12.00/hour for driver (1 hour minimum). This cost applies to ALL field trips – in town and out of town.**

Use the attached Field Trip cost form to get an estimate on the transportation cost for your field trip.

# Field Trip Bus Cost Calculation Sheet for Lexington District Three Buses

**The information below is a calculation for 1 bus. Be sure to multiply your final total times the number of buses needed for your field trip for a complete cost.**

## MILEAGE COST

# of miles from school to destination \_\_\_\_\_

# of miles from destination back to school + \_\_\_\_\_

TOTAL # OF MILES = \_\_\_\_\_

Multiply total miles by \$1.32 per mile X 1.32

**COST FOR MILEAGE** = \$ \_\_\_\_\_

## DRIVER COST

# of hours required from start of trip to return to school \_\_\_\_\_

add 30 minutes to time for pre and post trip bus inspection + 30 minutes

TOTAL TIME = \_\_\_\_\_

Multiply total time by \$12.00 per hour X 12.00

**COST FOR BUS DRIVER** = \$ \_\_\_\_\_

COST FOR MILEAGE \_\_\_\_\_

COST FOR DRIVER + \_\_\_\_\_

TOTAL COST PER BUS = \$ \_\_\_\_\_

Multiply Total Cost by number of buses needed X \_\_\_\_\_

**GRAND TOTAL FOR FIELD TRIP** \$ \_\_\_\_\_

**IF YOU CHOOSE TO USE PUBLIC TRANSPORTATION (CHARTER BUS, AIRPLANE, TRAIN, ETC.), YOU MUST OBTAIN A WRITTEN COPY OF THE TRANSPORTATION COMPANY'S CANCELLATION POLICY PRIOR TO BOOKING THE TRIP.**

# TEACHER FIELD TRIP REQUEST FORM

All field trips must be scheduled **30 days** in advance with Theresa Taylor. Please e-mail Theresa at [ttaylor@lex3.k12.sc.us](mailto:ttaylor@lex3.k12.sc.us) reserve a date. After you have reserved a bus by e-mail, this completed, signed form must be faxed to Theresa at 532-4265 **within one week** of your e-mail to complete your reservation. **All out of state field trips must be approved by the school board 30 days prior to arranging transportation.**

1. Teacher requesting field trip \_\_\_\_\_ Today's Date \_\_\_\_\_
2. If this is a group trip, name of lead/contact person for trip \_\_\_\_\_
3. Other classes participating in the field trip \_\_\_\_\_
4. Date of field trip \_\_\_\_\_
5. Time bus needed at school \_\_\_\_\_ Time Leaving \_\_\_\_\_ Time Returning \_\_\_\_\_  
(Trips cannot leave before 8:30 a.m.) (Must return no later than 2:00 p.m.)
7. Place/location of field trip \_\_\_\_\_  
**(Driving directions must be attached to this form when it is sent to Theresa Taylor)**
8. Purpose of field trip \_\_\_\_\_  
(Only field trips that are directly related to classroom activities will be approved)
9. Cost of transportation (\$1.32/mile + \$12.00/driver/hour) \$ \_\_\_\_\_ Cost of admission \$ \_\_\_\_\_  
Cost of food if purchasing outside of school district \$ \_\_\_\_\_
10. **What district account should this field trip be charged to:** \_\_\_\_\_
11. Total cost of field trip/student \$ \_\_\_\_\_ Total cost of field trip/chaperone \$ \_\_\_\_\_  
This cost should include: transportation cost, admission cost, meal cost (if purchasing outside food)
12. # of students participating \_\_\_\_\_ # of Adults participating \_\_\_\_\_ **Total number participating** \_\_\_\_\_
13. **Will a wheelchair lift be required?** \_\_\_\_\_ Number of wheelchairs \_\_\_\_\_
14. Will food be transported on the bus? \_\_\_\_\_ **(Lunch must be provided for each driver)**
15. Have you put in a request for a substitute teacher? \_\_\_\_\_
16. Permission forms have been given to all students? \_\_\_\_\_ yes \_\_\_\_\_ no  
(A signed permission form must be turned in before a student can participate in a field trip)

**17. A roster of field trip participants along with driving directions must be given to the driver and the school office.**

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(When transportation has been arranged, the teacher should fill in "Yes" transportation was arranged, who the teacher spoke to in the bus office, and the date and time the call was made)

Transportation arranged \_\_\_\_\_ Bus office contact person \_\_\_\_\_ Date/Time \_\_\_\_\_

**(Principal should sign only if transportation has been arranged with bus office)**

Principal/Asst. Principal Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

School Nurse Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

Cafeteria Manager Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

\*\*\*\*\*

(For bus office only)

Bus Office Verification \_\_\_\_\_ Date/Time \_\_\_\_\_

# Student Field Trip Permission Form

Teacher will take these signed forms on the field trip in case of an emergency. Every child must have a signed permission form in order to participate in the field trip.

Teacher's Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of field trip \_\_\_\_\_

Destination \_\_\_\_\_

Time leaving school \_\_\_\_\_ Time returning to school \_\_\_\_\_

Cost of trip \$ \_\_\_\_\_ Chaperones needed? \_\_\_\_\_ yes \_\_\_\_\_ no

\_\_\_\_\_ School bag lunches  
(this will be deducted from lunch account)

\_\_\_\_\_ We will stop and buy lunch  
(this will be included in the field trip cost)

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Student's Name \_\_\_\_\_

\_\_\_\_\_ Yes, my child may go on the trip and has permission to ride on the bus

\_\_\_\_\_ No, my child may not go on the trip

\_\_\_\_\_ I would like to be a chaperone

(This does not guarantee that you will be a chaperone for this trip. Chaperones will be approved based on the results of a mandatory SLED check, the number of chaperones needed, and a signed agreement to abide by all school rules. Please include your birthdate below if you are interested in being a chaperone. Chaperones may ride the bus if numbers permit, but only current Lexington District Three students who are participating in the field trip may ride the bus.)

\_\_\_\_\_ My child will eat the bag lunch (will be deducted from lunch account)

\_\_\_\_\_ My child will bring his/her own lunch from home

\_\_\_\_\_ I will eat a bag lunch at a cost of **\$3.00** (money included)

\_\_\_\_\_ I will bring my own lunch from home

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Birthdate (for Chaperones only)

\_\_\_\_\_  
Date

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**Limited Power of Attorney**

If a serious emergency arose, it might be necessary for a physician to attend your son/daughter before the staff could get in touch with you or your designated physician. Such care can be provided only if you sign the following AUTHORIZATION FOR MEDICAL TREATMENT.

I give the teacher or administrator in charge of my son/daughter limited power of attorney to act in my absence and see that my son/daughter \_\_\_\_\_ gets whatever medical treatment necessary in case of sickness or accident.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Phone # where you can be reached in case of an emergency \_\_\_\_\_

Please give us any medical information that would be needed for your child. (allergies, medications, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

# 2009-10 Volunteer - Chaperone - Service Provider Approval Form

*Please print in ink*

Name of Volunteer/Chaperone/Service Provider \_\_\_\_\_ Social # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

City/State/Zip \_\_\_\_\_ Gender: \_\_\_\_ Male or \_\_\_\_ Female

Phone # \_\_\_\_\_ School \_\_\_\_\_ Organization \_\_\_\_\_

*Thank you for giving your time and talents to the students of our district. As a volunteer - chaperone - service provider, you are agreeing to offer the utmost care in supervising and working with students. In addition, you are functioning as a role model for our students.*

**I will abide by all standards, expectations, and student rules of Lexington County District Three as written in student handbook.**

**The following rules in the Student Handbook have especially been pointed out to me:**

**I will not**

- use profanity, inappropriate language, or gestures
- possess, use, or distribute tobacco products, alcohol, or illegal drugs
- give any type of medication to a student

**I will**

- act as a responsible adult to ensure optimal supervision of students
- control my attitude and behavior at all times
- act as a role model for students
- show honesty
- wear attire deemed appropriate by the school administration and in keeping with student expectations for dress
- respect the feelings and property of others

*Chaperones may ride the bus for trips if numbers permit, but only current Lexington District Three students who are participating in the field trip may ride the bus.*

My signature certifies that the information is true, accurate, and complete to the best of my knowledge. I agree that a SLED and sex offender check will be obtained based on my submission. **Any misrepresentation or willful omission of fact shall be sufficient cause for permanent disqualification as a volunteer, chaperone, or mentor of Lexington District Three.** A current driver's license or ID from Motor Vehicle Dept. is attached to this document. I am in agreement with the statements and expectations listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator/Teacher/Organizational Leader Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Please send this form via district office mail to Maryjo Marcavage.

SLED check: Pass Fail Date Completed \_\_\_\_\_ Signature \_\_\_\_\_

Sex Offender: Pass Fail Date Completed \_\_\_\_\_ Signature \_\_\_\_\_

Added to master list on \_\_\_\_\_ Signature \_\_\_\_\_ Dr. Gummerson's comments: \_\_\_\_\_

**Attach copy of SLED check and Sex Offender check to this form and record results on a master volunteer/chaperone list. All volunteers/chaperones/service providers will be approved by the Superintendent.**

## Cafeteria Notification Form

THE **TEACHER** WILL GIVE THIS FORM TO THE CAFETERIA MANAGER **30 DAYS** PRIOR TO TRIP. THIS FORM **MUST** BE TURNED IN TO LET THE CAFETERIA KNOW THAT YOUR CLASS WILL NOT BE AT LUNCH ON THAT DAY, EVEN IF YOU DO NOT NEED BAG LUNCHES.

Date of Field Trip \_\_\_\_\_ Grade \_\_\_\_\_

Classes Participating \_\_\_\_\_

Number of students \_\_\_\_\_ Number of adults \_\_\_\_\_

Bag lunches needed? \_\_\_\_ yes \_\_\_\_ no                      If yes, how many? \_\_\_\_\_

\*\* Please check with the cafeteria manager to plan a menu. Adult price for a bag lunch is **\$3.00**. Please send adult lunch money with this form to the cafeteria manager.

Please list below the names of students and adults who would like a bag lunch.

<u>Students (deducted from lunch account)</u>	<u>Adults</u>	<u>Amount paid</u>
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## Healthroom Notification Form

THE **TEACHER** WILL GIVE THIS FORM TO THE **NURSE** ONE WEEK PRIOR TO FIELD TRIP.

Date of trip \_\_\_\_\_ Grade \_\_\_\_\_

Classes Participating \_\_\_\_\_

Time Leaving \_\_\_\_\_ Time Returning \_\_\_\_\_

Please have all medications for the students in the classes listed above ready on the morning of the trip. I will pick them up on the way to the buses.

Teacher Signature: \_\_\_\_\_

## Notification of Field Trip Participants

THE **TEACHER** WILL GIVE A COPY OF THIS FORM TO THE **ATTENDANCE CLERK, THE BUS DRIVER, AND THE CAFETERIA MANAGER** ON THE MORNING OF THE TRIP.

**DRIVING DIRECTIONS MUST BE ATTACHED TO THIS FORM.**

Teacher Name \_\_\_\_\_ Cell phone # \_\_\_\_\_

Driver's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Students**

**Adults**

**Please list students who are not participating in the field trip. List whether they are absent for the day or what arrangements you have made for them.**

## Forma de Permiso para Paseo

**La maestra Hevara esta hoja firmada al paseo en caso de emergencia.** Todos los estudiantes tienen que tener esta forma firmada para poder ir al paseo.

**Maestra:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Fecha del Paseo:** \_\_\_\_\_

**Lugar:** \_\_\_\_\_

**Salida al paseo:** \_\_\_\_\_ **Regreso a la escuela:** \_\_\_\_\_

**Salida al paseo:** \_\_\_\_\_

**Costo del paseo\$** \_\_\_\_\_ **Ocupamos chaperones?** \_\_\_\_\_ **Si** \_\_\_\_\_ **No** \_\_\_\_\_

\_\_\_\_\_ **Bolsa de comida escolar**  
(este lunch se reducira de  
La cuenta de comidas)

\_\_\_\_\_ **Pararemos a comprar comida en el paseo**  
(se incluiren en el costo del paseo)

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Nombre del Estudiante \_\_\_\_\_

\_\_\_\_\_ Si, mi hijo (a) puede ir al paseo y tiene permiso de ir en autobus

\_\_\_\_\_ No, mi hijo no puede ir al paseo

\_\_\_\_\_ Me gustaria ser chaperon del paseo

(si usted checa la linea de chaperon no significa que vaya poder ir a este paseo en particular ya que tienen que ser aprobados por la escuela y tendria que apegarse a las reglas escolares. Por favor incluya su fecha de nacimiento en la forma si esta interesado en ser chaperon. Los chaperones pueden ir en el autobus si hay lugar pero solo los estudiantes participando en el paseo pueden ir en el autobus).

\_\_\_\_\_ Mi hijo(a) comera de la bolsa de comida escolar (se le deduce de su cuenta de comida)

\_\_\_\_\_ Mi hijo(a) traera su comida de casa

\_\_\_\_\_ Yo comere la comida de la escuela al costo de \$3.00 (dinero incluido)

\_\_\_\_\_ Yo traere mi comida de casa

\_\_\_\_\_  
Firma del Padre o Tutor

\_\_\_\_\_  
Fecha de nacimiento (si es chaperon) Fecha

### Poder del Abogado

Si una emergencia ocurriera, podria ser necesario que un doctor viera a su hijo(a) antes de poder comunicarnos con usted o el doctor de su familia. Ese cuidado lo podemos dar solo si usted firma la AUTORIZACION PARA CUIDADOS MEDICOS.

Yo le doy a la maestra o administradora a cargo de mi hijo(a) el poder legal para actuar en mi ausencia y ver que mi hijo(a) \_\_\_\_\_ tenga el tratamiento necesario en caso de enfermedad o accidente.

\_\_\_\_\_  
**Firma del Padre O Tutor**

\_\_\_\_\_  
**Fecha**

Numero de telefono donde pueda ser localizado en caso de emergencia \_\_\_\_\_

Por favor denos cualquier informacion medica que necesitemos en caso de emergencia (alergias, medicamentos, etc.) \_\_\_\_\_