



# Rogers-Herr

## Day Field Trip Checklist

Name & Date of Field Trip: \_\_\_\_\_

- Submitted DPS Day field trip request form\*\*\*
- Submitted DPS Transportation request form\*\*\* (3 quotes from approved list if charter bus)
- Activity Bus trip sheet (if applicable)
- Invoices submitted to Treasurer
- Cost information to Treasurer\*\*\*
- Copy of letter sent to Parents regarding field trip & OSP\*\*\* (English & Spanish version)
- Copies of Field trip packets in English and Spanish to Mrs. Aguirre
- Sample copy of permission/medical form\*\*\*
- OSP Activity Setup Form\*\*\*
- DPS Day Field Trip permission/medical forms submitted to Treasurer (day of trip)
- List of approved chaperones
- Final list of students participating (with bus #)
- Informed Electives\*\*\*  Cafeteria (deborah.green@dpsnc.net)

\*\*\* Please submit for approval\*\*\*

# Roger Herr 2019-2020 FUNDING APPROVAL FORM



Teacher Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Dates of Collection: \_\_\_\_\_

Check all that apply:

Field Trip    Class T-Shirts    Classroom Resources    Party    Other

Purpose for funds:

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

Total amount needed to be collected for the activity: \_\_\_\_\_

Cost Per Student: \_\_\_\_\_

How will money be collected? Check all that apply:

Cash    Checks    Online

Please complete the section prior to submission

I have attached a copy of the quote (s) from vendor(s) and completed all the requirements outlined

Requested By: \_\_\_\_\_

DATE: \_\_\_\_\_

Principal Approval: \_\_\_\_\_

DATE: \_\_\_\_\_

Treasurer Approval: \_\_\_\_\_

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

### For office use:

Total Cost of Project: \_\_\_\_\_

Total Collected: \_\_\_\_\_

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

Treasurer Verification: \_\_\_\_\_  
Signature

- Prior approval from the administration is required before collecting any money. Complete the attached document for approval.
- After administrative approval, schedule a meeting with Ms. Carter to calculate all costs before notifying parents.
- All monies collected should be receipted and turned into Ms. Carter everyday...money should never be left in classrooms or on your person overnight.
- Due to the current budget constraints, the school does not have any reserve money to cover costs that are miscalculated or unanticipated.
- Once all money is collected and it matches the invoice, your signature, along with Ms. Carter is required on the balance sheet to indicate that all documents and money is accounted for and that the activity is closed.

DURHAM PUBLIC SCHOOLS  
DAY FIELD TRIP APPROVAL FORM

School: \_\_\_\_\_ Principal: \_\_\_\_\_

Requesting Teacher(s): \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Group/Class: \_\_\_\_\_

Date of Field Trip: \_\_\_\_\_ Time of Departure: \_\_\_\_\_ Time of Return: \_\_\_\_\_

Transportation: \_\_\_\_\_ Funding Source: \_\_\_\_\_

No. of Students: \_\_\_\_\_ No. of Chaperones \_\_\_\_\_ Approx. Cost Per Student \$ \_\_\_\_\_

If there is a cost involved, what provisions have been made for students who cannot pay?

\_\_\_\_\_

Amount financed by Student: \_\_\_\_\_ Amount financed by School: \_\_\_\_\_

Educational Objectives: \_\_\_\_\_

\_\_\_\_\_

Follow-up activities: \_\_\_\_\_

\_\_\_\_\_

Names of teachers and other adults participating (please print)

\_\_\_\_\_

\_\_\_\_\_

Board Policy 3050.1 Principals shall evaluate all field trips based on educational needs, taking into consideration safety, instructional relevance, liability and cost including cost for activity vehicles. In addition, the staff members are to provide every effort to ensure the personal safety of the students while participating in field trips. No student shall be deprived of participation in a field trip because of inability to pay; administrators will develop procedures to assure the implementation of this provision. Any school trip which may include student participation on rides at amusement parks, state or local fairs, or at any other place, must have a written disclaimer from the parent/guardian acknowledging his or her awareness of the nature of the trip, allowing the child to ride, and absolving Durham Public Schools of any responsibility.

Approved     Not Approved

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attached a detailed itinerary indicating time, place, phone numbers, addresses, list of all stops, copy of the permission slip and medical release form to be sent home to parents. Describe any unusual or potentially dangerous aspects of the trip. Permission slips and medical release forms must be maintained on file for two years from date of field trip.

DURHAM PUBLIC SCHOOLS  
PERMISSION TO PARTICIPATE IN FIELDTRIP

School: \_\_\_\_\_ Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. TRIP OR ACTIVITY PLANNED:
  - a. Description of trip: \_\_\_\_\_
  - b. Date/Time/Location of Departure: \_\_\_\_\_
  - c. Date/Time/Location of Return: \_\_\_\_\_
  - d. Mode of Transportation: \_\_\_\_\_ Student Cost: \_\_\_\_\_
2. SUPERVISION: (Describe the supervision to be provided throughout the trip) \_\_\_\_\_

3. TRANSPORTATION: (Describe the methods students will be transported) \_\_\_\_\_

REQUIREMENTS: (Describe any special requirements which are imposed on students who participate, including bringing certain items on the trip i.e. life jacket) \_\_\_\_\_

4. EXPECTATIONS AND INSTRUCTIONS: I understand the student is expected, and the student has been instructed by me:
  - a. To follow instructions given by supervisors.
  - b. Not to leave or separate from the group without appropriate authorization from a supervisor.
  - c. To comply with all laws and ordinances, including but not limited to those pertaining to prohibiting the possession or use of drugs or alcohol. *POSSESSION OR USE OF DRUGS OR ALCOHOL IS ABSOLUTELY PROHIBITED.*
  - d. Not to enter the lodging accommodations of any other student unless with the permission of the occupants and only of the same sex.
  - e. To follow all school rules although away from school as they are considered applicable during the trip.
  - f. To confirm with casual and customary standards of good citizenship, good decorum, and common courtesy.
  - g. Describe other expectations and instructions. If there are unique dangers, mention the dangers. \_\_\_\_\_

In the event any of the above expectations or instructions are violated, the students participation may be immediately terminated, a parent or guardian called to retrieve the student, and disciplinary action imposed

5. INSURANCE: I understand that the Board of Education does not or may not carry any insurance relative to the trip or for injuries to the student. I represent that the student has insurance either through the Board's student insurance program or through my own insurance carrier.
6. ACCOMMODATIONS: If the student is disabled or requires special accommodations, information concerning those accommodations is attached.

I request that the above-named student be allowed to participate in the trip planned and specifically consent to the student's participation.

If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisors taking, arranging for and consenting to the procedures or treatment at the supervisor's discretion. I will pay the costs of any such medical procedures or treatment.

To the maximum extent permitted by law, I release and waive, and further agree to indemnify, hold harmless or reimburse the Durham Public Schools Board of Education, the individual members, agents, employees and representatives thereof, as well as trip supervisors, from and against any claim in which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, any losses, damages or injuries arising out of, during or in connection with the students participation in the field trip and related activities or the rendering of emergency medical procedures or treatment if any.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

ESCUELAS PÚBLICAS DE DURHAM  
PERMISO PARA PARTICIPAR AL PASEO

Escuela: \_\_\_\_\_ Nombre del Estudiante: \_\_\_\_\_

Este formulario debe firmarse despues de haber entendido lo siguiente:

1. PASEO O ACTIVIDAD PLANEADA:
  - a. Descripción del Paseo: \_\_\_\_\_
  - b. Fecha/Hora/Lugar de Departura: \_\_\_\_\_
  - c. Fecha/Hora/Lugar de Regreso: \_\_\_\_\_
  - d. Modo de Transporte: \_\_\_\_\_ Total del Costo del Estudiante: \_\_\_\_\_
2. SUPERVISIÓN: \_\_\_\_\_
3. TRANSPORTACIÓN: \_\_\_\_\_
4. REQUERIMIENTOS: \_\_\_\_\_
5. EXPECTACIONES E INSTRUCCIONES: Entiendo lo que se espera del estudiante, y les he informado lo siguiente:
  - a. Seguir instrucciones del maestro o instructor.
  - b. No separarse del grupo sin autorización del maestro o instructor.
  - c. Cumplir con todas la leyes y reglas, incluyendo pero no limitado a el uso o pesesion de drogas o alcohol. **LA POSESIÓN Y EL USO DE DROGAS Y ALCOHOL ES ABSOLUTAMENTE PROHIBIDO.**
  - d. No entrar ninguna pertenencia de ningún otro estudiante al menos con el permiso del ocupante(s) y que sean del mismo sexo.
  - e. Seguir todas las reglas de la escuela aunque esten fuera de esta y que se consideren aplicables durante el paseo.
  - f. Comportarse como buen ciudadano, buen decoro, y con cortesía común.
  - g. \_\_\_\_\_

Si se viola alguna de las reglas ya citadas, la participación del estudiante al paseo puede terminarse inmediatamente, se llamará al padre o guardian a recoger al estudiante, y se seguirá con el procedimiento de disciplina implicada.

6. SEGURO: Yo entiendo que el Centro de Educación de las Escuelas Publicas de Durham talvez no, o no provee ningún seguro, por accidentes ocurridos al estudiante durante el paseo. Entiendo que el estudiante tiene seguro, ya sea por el Centro de Educación de las Escuelas Publicas de Durham del que tengo conocimiento o por segura propio.

7. ACOMODACIONES: Si el estudiante es incapacitado(da) y require acomodaciones especiales, junto con este formulario se le dará información de cuales son éstas.

Doy permiso que el estudiante nombrado arriba de este formulario, participe en el paseo planeado y doy concentimiento a su participación.

En caso de emergencia o algún procedimiento médico o tratamiento durante el paseo sea requerido, doy concentimiento al supervisor o la persona encargada tome decisiones pertinentes al asunto ya sea su discreción. Yo me hare responsable de los costos de los procedimientos medicos o tratamiento.

Al grado posible permitido por la ley, en caso de algun incidente, durante el paseo, causada a mi hijo/hija, no presentaré cargos o ningún daño al Departamento de Ecuación Publica de Durham, miembros individuales, agentes, empleados, o algun representante, como el supervisor del paseo. Ya sea que sean cargos de mi parte, directa o indirectamente de otro padre/guardian, algun familiar, algun otro estudiante alguna firma legal, o corporación por alguna perdida, algun daño, o incidente fisico, durante o en conexión con la participación en el paseo o alguna actividad relacionada en proveer procedimientos o tratamientos medicos de emergencia.

Fecha: \_\_\_\_\_ Padre/Guardián: \_\_\_\_\_

Dirección: \_\_\_\_\_

Télefono: \_\_\_\_\_ Télefono en caso de una emergencia: \_\_\_\_\_