

TRANSPORTATION FOR SCHOOL-RELATED TRIPS

West Sonoma County Union High School District

FIELD TRIP REQUEST FORM

(FORM A)

Please check appropriate box:

- Day field trip less than 100 miles – Principal approval (*submit to D.O. 10 days in advance*)
- Day field trip more than 200 miles round trip – Superintendent approval (*submit 2 weeks in advance*)
- Overnight field trip – Board approval (*submit 1 month in advance*)
- Sponsoring Group (other than school)
 - School Bus requested
 - Commercial Bus
 - Auto/Other

<i>School:</i>	<i>Date of Request:</i>	<i>Trip date(s):</i>
<i>Total # of Passengers:</i> <i>(Students & Chaperones)</i>	<i>School Load Time:</i>	<i>School Return Time:</i>
<i>Additional Stops:</i>	<i>Destination:</i>	<i>Purpose of Trip:</i>

Swimming allowed only if Red Cross certified Lifeguard on duty (if yes, attach Form D) YES NO

Ruling of the Board of Trustees: Students going on a school-sponsored trip must go and return by the same mode of transportation. The Principal may grant exceptions upon the written request of a parent or guardian with prior approval. The teacher in charge of the students is responsible for the enforcement of this ruling.

Requested by _____ Teacher in Charge _____

Charge to: School Student Body SIP Athletics

Other: (describe): _____

NOTE: Teacher is responsible to have bridge and parking fees available.

Mode of Transportation (check one): School Bus/Contract Bus Other: _____

Private Car (Employee) Private Car (Volunteer) Driver's Name: _____

NOTE: Volunteer Driver Registration Form must be attached to Field Trip Request Form for Use of Private Vehicles

TO BE COMPLETED BY TRANSPORTATION DEPARTMENT:

Bus #:	Name of Bus Driver:	
Odometer Reading/Start:	# of hours regular assigned:	# of hours regular absent:
Odometer Reading/Ending:	# of hours regular completed:	
TOTAL MILES:		

Principal's approval _____ Date _____

Superintendent's approval _____ Date _____

TO BE COMPLETED BY BUSINESS OFFICE:

Rate per hour (regular) \$ _____ Rate per hour (time & one-half) \$ _____

CODE _____

Business Office Approval _____ Date _____

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OVERNIGHT FIELD TRIP

(FORM B)

For use in submitting requests to Board of Education: **Field Trip Request Forms A & B are also required (when appropriate)**. Forms should be received by the Superintendent for Board approval a minimum of one month prior to field trip.

School:	Date of Request:
Requesting Teacher:	Program:
Purpose of trip:	
Mode of transportation:	Accommodations:

List key scheduled events or describe program (please attach other helpful information if readily available): _____

FIELD TRIP DATES & TIMES:

TO destination-from:

Departure:	Date:	Time:
Arrival:	Date:	Time:

FROM destination-to:

Departure:	Date:	Time:
Arrival:	Date:	Time:

Number of school days off site (include fraction of day):	
Total number of students:	
Total number of chaperones: (21 years or older)	
Student/Chaperone ratio:	

Names of chaperones _____

Estimated total cost of field trip: \$ _____

Estimated total cost of trip per student: \$ _____

Funding per student by: Student/Parent \$ _____

District/School \$ _____

OTHER \$ _____

Describe any fundraisers: _____

Recommending administrator (trip adheres to existing district policy)

Administrator's Signature

 Date

Board approved: _____

TRANSPORTATION OF STUDENTS IN PRIVATELY OWNED VEHICLES

On occasion, students in our schools will participate in activities or situations where they must be transported by private vehicle. If you can assist us by using your automobile, please read the following conditions that will need attention for arrangements of this nature.

- A. In the interest of providing for a safe transport of students in privately owned vehicles while they are traveling as part of a District sponsored event, or on District business, Administrative Regulation 3541.1 requires that an owner carry certain minimum limits of liability insurance coverage for bodily injury, property damage, uninsured motorists and medical payments.
- B. ****This requirement recognizes that under current legal practice, the owner of a vehicle is expected to answer and cover any claim for injury or damage caused by his/her vehicle, and accordingly, needs the backing of sufficient insurance to properly handle this responsibility.**
- C. This requirement, in addition to other provisions of Regulation 3541.1 that govern the transportation of students in privately owned vehicles, reads as follows.
 1. The trip must be approved by the principal, who is responsible for compliance with this regulation.
 2. Each passenger must be properly seated to prevent overcrowding and all passengers must wear seat belts in accord with current California laws. No more than eight (8) people properly seated are permitted in a vehicle other than a certified school bus. Students under the age of 12 are not to sit in the front seat of any vehicle equipped with a passenger-side airbag.
 3. Each vehicle owner must furnish evidence in writing of the following insurance coverage: \$100,000/\$300,000 Bodily Injury, \$50,000 Property Damage, or \$300,000 Combined Single Limit of Liability, Uninsured Motorists coverage, and Medical Payment coverage of not less than \$5,000.
 4. All drivers must have a current California Driver's License and be 25 years of age or over. The driver must affirm that he/she has not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years.
 5. Groups of vehicles traveling in caravans are not permitted.
 6. All Adults who volunteer to transport athletes or other students must agree that there will be no smoking allowed in the vehicles at any time during the field trip.
 7. Vehicle shall comply with all current applicable provisions of the California Vehicle code.
 8. ***As a driver of a car transporting students, you are responsible for providing a safe vehicle, including the following, or your vehicle cannot be used for transporting students:***
 - ***Minimum tread on tires***
 - ***Working seat belts for driver and all passengers***
 - ***Working lights, turn signals, mirrors***
 - ***Appropriate spare tire, highway flares***
 - ***Normally operating engine***
 - ***Normal mechanical systems, steering, brakes, etc.***

****Please note: In the event of an accident, the insurance policy of the private vehicle in which students are being transported will be responsible.**

**West Sonoma County Union High School District
462 Johnson Street
Sebastopol, CA 95472**

TRANSPORTATION OF STUDENTS IN PRIVATELY OWNED VEHICLES*

*Please see Instructions and Explanation of these requirements on the back of this form.

Statement of Insurance Coverage

(This form shall be completed for each driver and each vehicle.)

Please enter below the information as requested:

1.

Driver's Name:		Phone#:
Address:		
Date of Birth:		Cell #:
Driver's License#:		Exp. Date:
Employee:	Parent/Guardian:	Volunteer:
Owner's Name:		
Make of Vehicle:		Year/Model:
License Number:		
Insurance Carrier:		Policy #:

2. Coverage limits: (Please initial all items below that reflect your policy.)

- ___ a. Bodily Injury @ \$100,000 or more for one person and \$300,000 or more for more than one person.

or

 Combined Single Limit Bodily Injury @ \$300,000 or more.
- ___ b. Coverage for Property Damage @ \$50,000 or more.
- ___ c. Coverage for Uninsured Motorists.
- ___ d. Medical Payments Coverage for passengers @ \$5,000 or more.

3. This policy expires on: _____
Date

***Please attach a copy of your auto policy DECLARATION page**

CERTIFICATION OF OWNER:

I certify that the facts, as completed above, are true and correct. I further agree to provide a current Driver's License, vehicle registration and any certificates, policies, or other official documents as requested to support this information. I affirm that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years. I agree to immediately notify the WSCUHSD District Office of any changes in the facts above, including any cancellations of coverage or changes in limits as initiated by the carrier.

Owner/Driver *Date*

Acknowledgement that the above information has been reviewed and validated.

Superintendent/Designee *Date*

TRANSPORTATION FOR SCHOOL-RELATED TRIPS

West Sonoma County Union High School District

FIELD TRIP REQUEST FORM

(FORM D)

TYPE OF SWIM FACILITY:

1. Commercial or Public Swimming Pool Facility. Please indicate below:

NAME:	TELEPHONE #:
ADDRESS:	

Every item must be checked off prior to principal signature and all supporting documents attached.

2. Parents notified and signed permission given.
3. Swimming ability of staff and students determined before trip is taken.
4. Lifeguards are Red Cross certified or equivalent and are at least 21 years old.
5. Written instructions on supervision/safety will be distributed to staff and chaperones.
6. Provision made for students with varying swimming abilities.
7. Provision made for floatation devices as appropriate.
8. A one-on-one system for monitoring will be implemented.
9. The principal and teacher initiating swim activities has, or will have, visited site and assessed the risks prior to the trip.
10. Written emergency procedures are in place.
11. A ratio of not less than one chaperone for each ten students will be maintained.

Principal's Signature

 Date

TRANSPORTATION FOR SCHOOL-RELATED TRIPS

West Sonoma County Union High School District

Dear Parent,

Date: _____

A field trip is being planned that involves swimming or wadding, as part of a planned Outdoor Education Activity or other school activity, as follows:

Date: _____	Time: _____
Location: _____	
Type of Facility: _____	
Type of swimming supervision provided: _____	

How well does your son or daughter swim?

<input type="checkbox"/> Cannot Swim	<input type="checkbox"/> Average Swimmer
<input type="checkbox"/> Weak Swimmer	<input type="checkbox"/> Strong Swimmer

I give my permission for _____ to participate in swim activities.
(student's name)

I DO NOT give my permission for _____ to participate in swim activities
(student's name)

Print Name of Parent/Guardian

Date

Signature of Parent/Guardian

WEST SONOMA COUNTY UNION HIGH SCHOOL DISTRICT
462 Johnson Street, Sebastopol, CA 95472

**SCHOOL SPONSORED FIELD TRIP CONSENT FORM
(Form F)**

STUDENT NAME: _____ GRADE: _____

TEACHER: _____ CLASS: _____

DESTINATION: _____

DATE: _____ DEPARTURE TIME: _____ RETURN TIME: _____

MODE OF TRANSPORTATION:

- School bus Volunteer driver/private car/rental
 Employee driver/private car/rental Other (walking, etc)

PARENT/GUARDIAN PARTICIPATION: Parent Name: _____

- I will be available to chaperone for this field trip
 I will be available to drive for this field trip
 A copy of my automobile insurance information and a completed PB 276 'TRANSPORTATION OF STUDENTS IN PRIVATELY OWNED VEHICLES' form is on file in the office and can transport _____ students.

AUTHORIZATION TO CONSENT OF TREATMENT OF MINOR

Student Name: _____		
<i>Please print</i>		
Birthdate: _____	Male _____	Female _____
Parent/Guardian Name: _____	Telephone: _____	_____
<i>Please print</i>	<i>Work/Home</i>	<i>Cell</i>

<i>Other local person to call in case of emergency:</i>		
Name: _____	Telephone: _____	_____
<i>Please print</i>	<i>Work/Home</i>	<i>Cell</i>

A) Name of Health Insurance: _____
Name ID Number

B) Please indicate if your child has any special health needs or limitations, including allergies, asthma, etc. and are there any specific instructions, including the need for medicines, special procedures, etc.:

Please print

PERMISSION AUTHORIZATION

I give my permission for my child to:

- 1) attend this field trip,
- 2) for my child to be transported as noted above on this form, and
- 3) should it be necessary for my child to have medical treatment while participating in this school field trip/excursion, I hereby give the school personnel permission to use their judgment in obtaining the necessary medical service. Further, I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate.
- 4) My child shall be directed to comply with the directions and instructions of school personnel in charge of the field trip/excursion.

Under the provisions of Education Code 35330 "(d) All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."

Signature of Parent/Guardian DATE

FOR SCHOOL-RELATED TRIPS

West Sonoma County Union High School District

**PARENT/GUARDIAN WAIVER OF CLAIM
(FOR OVERNIGHT/OUT OF STATE TRIPS ONLY)**

Name of Student: _____

Activity/Event: _____

Location of Activity: _____

Date(s) of Event: _____

Class or Group Attending: _____

Teacher in Charge: _____

Mode of Transportation: _____

In granting permission to attend, I do hereby waive all claims and hold harmless the individual sponsors, the West Sonoma County 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.

Print Parent/Guardian Name

Date

Parent/Guardian Signature

FOR SCHOOL-RELATED TRIPS

West Sonoma County Union High School District

**ADULT WAIVER OF CLAIM
(FOR OVERNIGHT/OUT OF STATE TRIPS ONLY)**

Name of Staff Member/Adult Chaperone: _____

Activity/Event: _____

Location of Activity: _____

Dates of Event: _____

Class or Group Attending: _____

Teacher in Charge: _____

Mode of Transportation: _____

In attending, I do hereby waive all claims and hold harmless the individual sponsors, the West Sonoma County 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.

Print Name of Chaperone

Date

Signature of Chaperone