

EL DORADO UNION HIGH SCHOOL DISTRICT

Instructional Trip Request

1. In accordance with BP/AR 6153, was a conference held with the Principal/Designee to discuss the feasibility of the trip **BEFORE** any arrangements were made? Yes No
2. This request must be submitted to the appropriate school administrator at least **21 CALENDAR DAYS** prior to activity.
3. No student in a class or group may be excluded because of lack of funds (*EC 35330*). No group may go on an outing if any member is excluded because of lack of funds.
4. Trips more than 300 miles, overnight, or out of state or country require **2 MONTHS PRIOR NOTICE** and approval by the Board.
5. Upon approval, teacher must execute **Form 6153-7**, Parent/Guardian Instructional Trip Authorization.

TRIP INFORMATION

DATE SUBMITTED		SCHOOL (<i>Check</i>) <input type="checkbox"/> EDHS <input type="checkbox"/> IHS <input type="checkbox"/> MVHS <input type="checkbox"/> ORHS <input type="checkbox"/> PHS <input type="checkbox"/> SHS <input type="checkbox"/> UMHS <input type="checkbox"/> VHS			
ACTIVITY		ACTIVITY LOCATION			
SPONSORING TEACHER(S) / ORGANIZATION		DATES OF TRIP		DATE	TIME
		PICKUP			
EST. TOTAL TRIP MILES <input type="checkbox"/> Within 300-mile radius of transportation <input type="checkbox"/> Out of State <input type="checkbox"/> Beyond 300-mile radius of transportation <input type="checkbox"/> Out of Country <i>Describe trip itinerary on reverse side.</i>		RETURN			
		EST. TOTAL HOURS:		NO. INSTRUCTIONAL DAYS/HOURS MISSED	
CERTIFICATED STAFF		OTHER SUPERVISING ADULTS		PHONE	
Staff	Classes Covered by				

TRANSPORTATION INFORMATION

APPROX. NO. OF STUDENTS (<i>Provide final list of students to Attendance Office and Transportation no later than day before trip.</i>)	NO. OF ADULTS SUPERVISING
TRANSPORTATION REQUESTED <i>(Be specific, specify arrangements being made)</i> <input type="checkbox"/> District (<i>See AR 6153, '4.2.2 and 4.3</i>) <input type="checkbox"/> Commercial <input type="checkbox"/> Private (<i>See AR 6153, '4.7</i>) <input type="checkbox"/> Other: _____	AR 3541.1 and AR 6153 state: <i>Transportation to and from all district-sponsored field trips within a radius of 300 miles of Placerville will be performed by district employees. All other trips may be contracted out; however, Transportation shall be contacted and given an opportunity to submit a quote on all trips.</i>
(REQUIRED) Transportation has been given an opportunity to submit a quote on this trip. <input checked="" type="checkbox"/>	

Director of Transportation's Signature

Date

Estimate No.

TRIP COSTS (THIS SECTION MUST BE COMPLETED REGARDLESS OF FUNDING SOURCE.)

Funding Sources <input type="checkbox"/> Fund-raising activities (<i>Describe on reverse side</i>) <input type="checkbox"/> Sponsored organization <input type="checkbox"/> Budget allocation <input type="checkbox"/> Other (<i>Briefly explain</i>):		
	BUDGET CODE OR FUNDING SOURCE	VERIFIED BY
Transportation Cost	\$	
Driver Time	\$	
Lodging Cost	\$	
Meal Cost	\$	
Entry Fees / Registration	\$	
Personal Costs Per Student: \$ _____ x # of students	\$	
Substitute	\$	
TOTAL	\$	TOTAL MUST BE CALCULATED BEFORE SUBMITTING FORM.

INSTRUCTIONAL TRIP REQUEST (continued)

EDUCATIONAL OBJECTIVES OF THE TRIP:

ITINERARY (Include number and length of instructional activities, place(s) students will stay, number and grade levels of students participating, other pertinent information):

FUND-RAISING:

OTHER SUPPORT (Include plan (list below or attach) to support students unable to contribute all or part of the personal costs of the field trip):

No. Students	Plan:

ADMINISTRATION USE ONLY / APPROVALS

APPROVALS:

- Approved as submitted
 Not Approved

Approved with the following condition(s): _____

Department Chairperson _____ Department _____

Principal (for trips within a 300-mile radius) _____ Date _____

TRACKING:

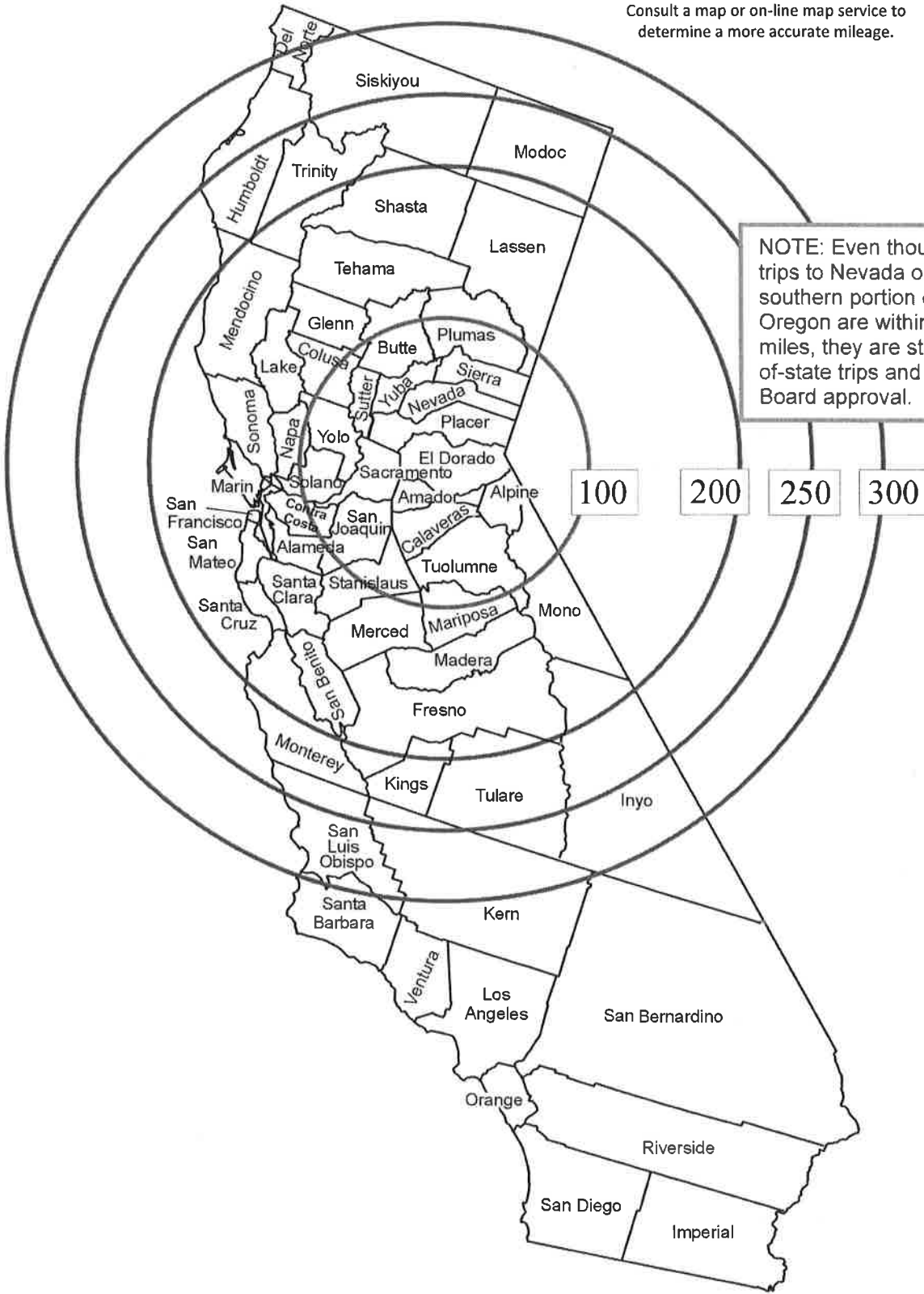
DATE	ITEM	COMMENT
	Transportation called	Contact: <input type="checkbox"/> Hours Verified
	Request for Transportation form submitted (see Form 3541.1A or 3541.1B)	
	Activity added to Master Contract	
	Sent to District Office for approval	
	Returned to teacher	
	Final list of students submitted to Attendance Office and Transportation	

EL DORADO UNION HIGH SCHOOL DISTRICT
300-Mile Radius Map

1/28/03

Note: Miles shown are a close approximate.

Consult a map or on-line map service to determine a more accurate mileage.



NOTE: Even though trips to Nevada or to the southern portion of Oregon are within 300 miles, they are still out-of-state trips and require Board approval.

Overnight Trip Expectations Checklist

School: _____ Sport/Event: _____

Date of Trip: _____

- A detailed itinerary of activities/events will be developed and approved by School Administration
- Behavioral expectations for students will be communicated to students and parents
- Event/Activity is in compliance with all CIF and/or District Rules and Regulations
- Students will be directed/reminded not to bring anything with them that would not be allowed at school.
Searches may be conducted if there is reasonable suspicion to do so.
- Expectations for supervisors' roles and responsibilities must be clearly communicated
- All supervisors are to be cleared as Coach/Advisor or Volunteer
- Parameters for when students are not in direct visual supervision are to be developed and communicated
- Proper sleeping arrangements have been made
- In-room time and bedcheck parameters must be clearly established
- Adequate student to supervisor ratio has been established that is appropriate for the activity/events planned
- Adequate supervision has been arranged for given gender and special needs of students
- It is understood by all that supervisory responsibility for students is for the duration of the trip
- It is understood that under no circumstances are supervisors to engage in the use of alcohol or illegal substances
- Medical / Nutritional special needs of student have been accommodated

School Administrator Signature

Lead Supervisor Signature