

EXTENDED TRIP PLAN



**Allow 45 days for overnight trips or day trips outside the 5-county area • Allow 60 days for out-of-state trips
Fundraising activities may be conducted prior to Board Approval**

SCHOOL	DATES OF TRIP
STUDENT GROUP/GRADE LEVEL(S)	STAFF ADVISOR/Phone number
EVENT/DESTINATION NAME & LOCATION (Attach any available literature or brochures)	
EDUCATIONAL PURPOSE OF TRIP	
PARTICIPANTS	Name of Administrator if trip is out-of-state:
Students	
Certificated	
Classified	
Non – Staff Adults	
Male	
Female	
Total	

BUDGET	
<i>Cost</i>	<i>Income</i>
Transportation \$ _____	Fundraisers \$ _____
Accommodations \$ _____	Booster Club \$ _____
Food/Meals \$ _____	Site Funds \$ _____
Entrance Fees \$ _____	Donations \$ _____
_____ \$ _____	ASB \$ _____
_____ \$ _____	PTO/PTA \$ _____
TOTAL COSTS \$	TOTAL INCOME \$

MAJOR FUNDRAISING ACTIVITIES AND RELATED INFORMATION			PROMOTION - When and how will trip be advertised?
<i>Activity</i>	<i>Date</i>	<i>Expected Revenue</i>	
_____	_____	_____	

INFORMATIONAL MEETING(S) - To discuss purpose of trip, safety related rules, and rules of conduct

<i>Audience</i>	<i>Date</i>	<i>Time</i>	<i>Place</i>
Staff/Chaperones/Sponsor _____	_____	_____	_____
Parents/Students/Staff _____	_____	_____	_____

How will you contact parents who do not attend above meeting?

ITINERARY

Trip Departs from _____ at _____ a.m./p.m. on _____ (date)

Trip Returns at _____ a.m./p.m. on _____ (date) Total Days _____ Total Nights _____

ACCOMMODATIONS (Must include street address and phone number)	MEAL ARRANGEMENTS

TRANSPORTATION Automobile Bus Airplane Other _____

The school requests that the Board of Education approve the request for an Extended Trip as described in this plan. It is understood that the school will comply with all Board Policies and Regulations regarding extended and overnight travel. The Principal and Advisor have met to review District Policy and school rules regarding Field Trips, Student Behavior, and Emergency Procedures.

Principal _____ Date _____

Director _____ Date _____

Assistant Superintendent _____ Date _____

Board of Education	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Meeting Date _____	

EXTENDED TRIP ITINERARY



Event: _____

Organization: _____ Location: _____

DAY			
7:00 am			
8:00 am			
9:00 am			
10:00 am			
11:00 am			
12:00 noon			
1:00 pm			
2:00 pm			
3:00 pm			
4:00 pm			
5:00 pm			
6:00 pm			
7:00 pm			
8:00 pm			
9:00 pm			
10:00 pm			
11:00 pm			

BECKMAN HIGH SCHOOL
REQUEST FOR TRANSPORTATION

Date of Trip: _____

Destination: _____

Address: _____

Group/Organization: _____

Pick up Location: _____ **Time of Pick up:** _____ **am/pm**

Returning time to Beckman: - Load Time - _____ **am/pm**

Does driver need to stay at location until return time: Yes _____ No _____

Number of Passengers: **Students:** _____ **Staff/Adults:** _____

Names of Supervising Faculty Members: _____

Phone Number of Supervisor: _____

Special Requirements: _____

Requested by: _____ **Request Date:** _____

Beckman High School

Faculty Permission for Student to Attend an Activity

Student _____

has my permission to be absent from class and attend a school sponsored activity.

Activity: _____

Day: _____

Sponsored by: _____

Periods: 0 1 2 3 4 5 6

Period:	Faculty Signature:
0	
1	
2	
3	
4	
5	
6	
7	

Students must obtain permission and signatures from teachers in each class.

**PERMISSION AND INFORMATION FORM
TRIP INFORMATION**



School:	Destination:	Date of Trip:
Group:	Duration: <input type="checkbox"/> Day <input type="checkbox"/> Overnight	Advisor:
Activity/Purpose:		
Departure: Date: Time:	Return: Date: Time:	Transportation: School Vehicle: Other:

STUDENT INFORMATION

Name:	Date of Birth:
Street Address:	
City/Zip:	Phone: Home () Parent Work: ()
Parent/Guardian Name:	

MEDICAL/INSURANCE INFORMATION

Insurance Company:	Policy #
Allergies/Medications/Medical Conditions: If you have any special instructions, kindly attach an explanation, and check the appropriate box.	<input type="checkbox"/> Instructions Attached <input type="checkbox"/> No allergies/medications/medical conditions

EMERGENCY CONTACT (Use a contact other than parent/guardian listed above)

Name:	Relationship:
Street Address:	
City/Zip:	Phone: Home () Work: ()

No student shall be prevented from making the field trip or excursion because of lack of sufficient funds.

STUDENT CONDUCT

The Principal/designee has thoroughly explained the purpose of this trip, safety rules, and rules of conduct. In addition to rules and consequences established by the transportation provider, facility, or other organizer of this event, all school and district rules apply, including those related to alcohol and drug use. The consequences for violating those rules will be the same as if the violation were committed at school.

TO THE PARENTS

Please carefully read the information about the trip, itinerary, and other information provided above. Complete the contact and emergency information. Be sure to check the appropriate box and attach special medical instructions as necessary. Please note that all school rules, including those related to alcohol and drug use will apply while on this field trip. Your student will be held accountable for behavior as if he or she were at school.

LIABILITY RELEASE

As provided for in California Education Code Section 35330, the parent/guardian waives all claims against the State of California or the Tustin Unified School District, its officers, employees, and agents, for injury, accident, illness, or death occurring during or by reason of this trip.

MEDICAL AUTHORIZATION

In the event of any illness or injury, the parent/guardian hereby consents to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis and/or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of the student. It is understood that the resulting expenses will be the responsibility of the parent/guardian and the school or district does not provide medical coverage for participants in this activity.

I have been informed about this field trip and agree to the Student Conduct, the Liability Release and Medical Authorization.

Parent/Guardian Signature

Date

Student Signature

Date

CHAPERONE FORM TRIP INFORMATION



School:	Destination:	Date of Trip:
Group:	Duration: <input type="checkbox"/> Day <input type="checkbox"/> Overnight	Advisor:
Activity/ Purpose:		
Departure: Date: Time:	Return: Date: Time:	Transportation School; vehicle: Other:

CHAPERONE INFORMATION

Name:	TUSD Employment: <input type="checkbox"/> TUSD Certificated <input type="checkbox"/> TUSD Classified <input type="checkbox"/> Not a TUSD employee
Street Address:	
City/ ZIP:	Phone:
Insurance Company: Policy #:	
Allergies/Medications/Medical Condition: If you have any special instructions, kindly attach an explanation, and check the appropriate box.	<input type="checkbox"/> Instructions Attached <input type="checkbox"/> No Instructions Attached

CHAPERONE EMERGENCY CONTACT

Name:	Relationship:
Street Address:	
City/ZIP:	Phone:

CHAPERONE RESPONSIBILITIES

The Principal/designee has thoroughly explained the purpose of the specific field trip or competitive event for which I am the designated chaperone. The Principal/designee has clearly informed me about my duties and responsibilities as a designated chaperone. The Principal/designee has given me a copy of the Trip/Travel Administrative Regulations (6174) which I have read and understand. As a designated chaperone, I agree to fulfill my duties as outlined by the Principal/designee and to fulfill all supervision requirements as listed in Regulation 6174. I understand that I may not consume alcoholic beverages or use controlled substances while on this trip.

LIABILITY RELEASE

As provided for in California Education Code Section 35330, I waive all claims against the State of California or the Tustin Unified School District, its officers, employees, and agents, for injury, accident, illness, or death occurring during or by reason of this trip.

MEDICAL AUTHORIZATION

In the event of any illness or injury, the parent/guardian hereby consents to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis and/or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

My signature below indicates that I have been informed of my responsibilities as a chaperone and agree to the Liability Release and Medical Authorization.

Signature

Date

**DESIGNATED STAFF OR
VOLUNTEER DRIVER INFORMATION
DRIVER INFORMATION**



Name:		Date of Birth:
Street Address:		
City/Zip:	Phone: Home ()	Work: ()
Driver's License Number:		Expiration Date:
Please attach a current copy of Driver's License.		

VEHICLE INFORMATION

Make:	Model:	Year:
Vehicle License Number:		
Registered Owner:	Phone: Home () Work: ()	
Address		

INSURANCE INFORMATION

Insurance Carrier:		
Insurance Agent:	Phone:	
Address:		
Policy Number:	Date of Issue:	Expiration Date:
Limits of Liability:		

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must possess a valid driver's license, have a proper and current license and vehicle registration, and have at least the minimum insurance coverage in effect as specified in the California Vehicle Code on any vehicle used to transport students. I certify that my vehicle is in good mechanical condition, e.g., brakes have been checked at appropriate intervals.

I hereby authorize the Tustin Unified School District to monitor my motor vehicle record (MVR) using the Embark Safety, LLC - Driver Safety Management System, a California Department of Motor Vehicles (DMV) approved agent. I authorize Embark Safety to conduct a comprehensive review of my driver record background which may include information about my names, motor vehicle records, and license verification; and therefore, authorize a full release of the information described above, without any reservation, throughout the duration of my employment at Tustin Unified School District

Driver's Signature
(Electronic Signatures are not acceptable. Must be physically signed.)

Date

Print Name

TRIP/TRAVEL CHAPERONE LIST



Names of Certificated Employees

- 1.
- 2.
- 3.
- 4.
- 5.

Names of Classified Employees

- 1.
- 2.
- 3.
- 4.
- 5.

Names of Designated Non-Staff Chaperones

- 1.
- 2.
- 3.
- 4.
- 5.