

FIELD TRIP PROCEDURES CHECKLIST (Appendix A)

To be submitted with Field trip Packet (NCSD Request for Field Trip form AND Field Trip Lesson Plan form, along with any other documentation.)

School: _____ Requested by: _____ Date of Trip:

Location of Trip

Type of Trip: A (in-town) B (out-of-town) C (overnight) D (activity)

Lesson Plan Standard Addressed:

Principals/Lead Teachers are responsible for ensuring that all field trip policies and procedures are adhered to. Together the Principal/Lead Teacher and the trip leader must complete this checklist. The trip leader responsible for the field trip listed must verify that he/she has addressed each item by initialing and dating where indicated. ALL FORMS, INCLUDING THIS CHECKLIST, MUST BE COMPLETED AND SUBMITTED TO THE PRINCIPAL AND THEN THE ASSISTANT SUPERINTENDENT THREE (3) TO FOUR (4) WEEKS (see Important Regulations/Timelines) PRIOR TO THE TRIP. Assistant Superintendent's office will forward approved field trip packet to the Transportation Department.

SIX WEEKS PRIOR TO TRIP

Establish a Plan

Determine the location, date, and lesson plan for trip Date ____
Initial ____

Complete the Request for Field Trip form Date ____
Initial ____

Determine transportation cost estimation Date ____
Initial ____

Principal approval Date ____
Initial ____

Plan funding Date ____
Initial ____

Make tentative arrangements with place of intended visit Date ____
Initial ____

FIVE WEEKS PRIOR TO TRIP

Plan date, time and location of parent meeting Date ____
Initial ____

Determine special student needs or accommodations	Date ____
Initial ____	
Finalize itinerary details (dates, times, event, destination, etc.)	Date ____
Initial ____	
Determine Permission Form due date: _____	Date ____
Initial ____	
<i>Due date</i>	
Send Field Trip Notice/Permission Form and itinerary to parents with due date	Date ____
Initial ____	
Communicate safety, behavior, and expected dress to parents	Date ____
Initial ____	

FOUR WEEKS PRIOR TO TRIP

Twenty (20) <i>school days</i> prior to trip, submit Field Trip Request packet to Assistant Superintendent's office for Type B or Type C trips	Date ____
Initial ____	
Status check – verify completion of all paperwork	Date ____
Initial ____	
Parent Meeting (mandatory for out of district/state/overnight trips)	Date ____
Initial ____	
Collect Field Trip Notice/Permission Form	Date ____
Initial ____	
Submit absence in Aesop (if necessary)	Date ____
Initial ____	
Obtain appropriate number/ <i>gender</i> of chaperones and confirmation from each	Date ____
Initial ____	
Finalize complete roster of students attending	Date ____
Initial ____	
<i>(Roster MUST include all name, address, emergency contact # & DOB for ALL attendees, including chaperones)</i>	

THREE WEEKS PRIOR TO TRIP

Fifteen (15) <i>school days</i> prior to trip, submit Field trip packet to Assistant Superintendent's office for Type A or Type D trips	Date ____
Initial ____	
Submit <i>complete</i> roster of students attending	Date ____
Initial ____	
Submit list of non-attendees from classroom to school office for attendance	Date ____
Initial ____	
Submit accommodation/504 list as part of Field trip packet	Date ____
Initial ____	
Submit all monies and permission slips collected to the school office	Date ____
Initial ____	

TWO WEEKS PRIOR TO TRIP

Complete a check request (if needed) for any fees needed for trip Date ____
Initial ____

Confirm arrangements with place of intended visit Date ____
Initial ____

ONE WEEK PRIOR TO TRIP

Status check/review that all forms are completed Date ____
Initial ____

Verify and confirm commitment from all chaperones! Date ____
Initial ____

Explain and discuss safety, behavior, and expected conduct with students Date ____
Initial ____

Discuss need for suitable dress with students (if necessary) Date ____
Initial ____

DAY OF THE TRIP

Verify any last minute changes to attendee roster Date ____
Initial ____

Verify permission slips, etc. for any changes and copy to school office Date ____
Initial ____

Forms to take on the trip Date ____
Initial ____

- Permission slips
- Emergency Contact Information
- Complete roster with name, address, emergency contact #, DOB of each attendee (including chaperones)
- Investigation handouts for students
- Any manipulative items that students may need for trip
- A first-aid kit, provided by the school, should be available for all trips

Conduct head counts every time students enter and exit the bus
Driver will conduct Evacuation Drill. Trip Leader/District employee will sign form.

AFTER THE TRIP

Evaluate the trip

- Was the lesson standard addressed?
- Did students develop new appreciation and attitudes?
- See Field trip Handbook for more field trip evaluation tools
- Driver completes **Activity Bus Driving Summary Sheet** (Appendix J) and submits to site administrator

**NYE COUNTY SCHOOL DISTRICT
REQUEST FOR FIELD TRIP
(NON-ATHLETIC TRIPS)
(Appendix B)**

All field trip requests must be submitted by appropriate deadline, see Appendix C. The Principal will indicate approval or disapproval, returning a copy of the request to the trip leader. Each trip leader is responsible for securing permission slips from parents and giving them to the Principal one week prior to the trip, informing students of conduct, rules, and presenting lesson plan to Principal/designee.

School: _____ Requested by: _____ Date of Trip: _____

Type of Trip: A (in-town) B (out-of-town) C (overnight) D (activity)

Destination: _____

Activity: _____

Total Number of Students: _____ Number of Adults/Teachers _____ Chaperones _____

Breakdown by Grade: _____ K _____ 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th
 _____ 7th _____ 8th _____ 9th _____ 10th _____ 11th _____ 12th

Transportation Requested? Yes No ❖❖ Bus Van Private Vehicle (Appendix D Attached)

Departure Time from School: _____ Arrival Time at School: _____

Date Request Submitted: _____ Requestor's Signature: _____

I confirm that all forms have been properly completed and submitted, and that this trip meets the guidelines described in the NCSD Field/Activity Trip Handbook.

Approved Disapproved Funding Source: Grant: _____

Student Activity Fund

Comments: _____ Other: _____

Dated: _____ Signed: _____

PRINCIPAL

Review Date: _____

Signed: _____

ASSOCIATE SUPERINTENDENT/Designee

Approved: _____

DIRECTOR OF TRANSPORTATION

Date: _____

FIELD TRIP LESSON PLANS

(Appendix C)

Directions: Complete front and back and submit with Request for Field Trip form to site administrator.

Teacher: _____ School: _____
Subject: _____ Grade: _____

UNIT LESSON PLANS

Unit Objectives: _____

Unit Lesson Plan Summary:

Day 1: _____

Day 2: _____

Day 3: _____

Day 4: _____

Day 5: _____

Day 6: _____

Day 7: _____

Day 8: _____

Trip Objective(s): _____

Materials Needed: _____

Activities Preparing Students for Trip: _____

Trip Agenda/Activities (include all anticipated rest and meal stops): _____

Activities to Follow Up Trip: _____

Approved: _____
Principal

Date

PRIVATE VEHICLE INFORMATION
(Appendix D)

This form must be completed when a privately-owned vehicle is used to transport students to a recognized school function. IT MUST BE SIGNED BY THE SITE ADMINISTRATOR AND RECEIVED BY THE TRANSPORTATION DEPARTMENT TWO WEEKS IN ADVANCE OF THE TRIP. If the Transportation Department does not receive this form two weeks in advance of the trip, the form will be returned to the school, and the use of private vehicles will not be authorized. (This form need only be submitted once each school year for each driver.)

It is required that any vehicle used for the transportation of students carry minimum automobile liability insurance limits of \$100,000/\$300,000 Bodily Injury and \$25,000 property damage. A COPY OF THE DRIVER'S PERSONAL AUTO POLICY DECLARATION PAGE SHOWING MINIMUM LIMITS AND EXPIRATION DATE MUST BE ATTACHED TO THIS FORM, OR PERMISSION WILL BE DENIED AND THE FORM RETURNED TO THE SCHOOL.

TYPE OF TRIP: A (in-town) B (out-of-town) C (overnight) D (activity)
EVENT: _____

DATE: _____ PLACE: _____

HAS PARENTAL PERMISSION BEEN OBTAINED? Yes _____ No _____

NUMBER OF STUDENTS BEING TRANSPORTED: _____
(Cannot be more than seatbelts available in vehicle)

NAMES OF STUDENTS BEING TRANSPORTED: _____

NAME OF PERSON WHO WILL DRIVE VEHICLE: _____

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE NO. & STATE OF ISSUE: _____

SCHOOL: _____ DATE: _____

PRINCIPAL'S SIGNATURE: _____

FOR TRANSPORTATION DEPARTMENT USE ONLY

Date Received: _____ Insurance Approved: _____ Not Approved: _____

Date MVR Verified: _____ MVR Acceptable: _____

Copy Distribution: Transportation Dept/School

**FIELD TRIP
NOTICE/PERMISSION SLIP
(Appendix E)**

As a parent/legal guardian, I give my permission for my child to be excused from regular instruction on campus to participate in the field trip described below. I, the undersigned, do hereby release the Nye County School District from any and all liabilities, claims, and actions, or demands arising from this school sponsored activity.

CHILD'S FULL NAME: _____

TEACHER(S) SUPERVISING: _____

FIELD TRIP DESTINATION: _____

JUSTIFICATION FOR TRIP: _____

COST TO STUDENT: _____

DATE OF FIELD TRIP: _____

TIME LEAVING SCHOOL: _____ AM/PM

TIME RETURNING TO SCHOOL: _____ AM/PM

MEANS OF TRANSPORTATION: Bus Van Private Vehicle

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____

DATE SIGNED: _____

PARENT/LEGAL GUARDIAN CAN BE REACHED AT THE FOLLOWING NUMBER DURING THE TRIP: _____ **AN EMERGENCY NUMBER IS REQUIRED FOR ALL TRIPS.**

I AM INTERESTED IN BEING A CHAPERONE FOR THIS FIELD TRIP. PLEASE CONTACT ME AT THE FOLLOWING NUMBER: _____.

DEADLINE TO RETURN PERMISSION SLIP TO SCHOOL: _____

It is understood that only students with written Parent/Legal Guardian authorization on file explicitly for this trip will be able to participate in the field trip. Parent/Legal Guardian signature authorizes the principal or representative to provide medical or surgical care in any emergency that occurs while their child is attending the field trip. It is understood that all possible means will be taken to notify the parent or guardian before such action becomes necessary.

Refusal Slip

I do not wish my child to participate in this field trip.

Signature of Parent/Guardian

Date

FIELD TRIP EVALUATION (Appendix F)

School: _____ Requested by: _____ Date of Trip: _____

Type of Trip: A (in-town) B (out-of-town) C (overnight) D (activity)

Destination: _____

Activity: _____

Following the trip, teacher/advisor/trip leader **MUST** evaluate the field trip for the information, concepts, and benefits derived by considering such questions as the following:

Did the student develop new appreciation and attitudes?
____ Yes ____ No Comments:

Has the trip affected their conduct/behavior by deepening their concept of civic responsibility?
____ Yes ____ No Comments:

Are the students more eager to explore for information and find out things for themselves?
____ Yes ____ No Comments:

Did the trip stimulate pupils to do more reading and to participate in other activities, such as making models, painting or sketching, and writing reports and stories?
____ Yes ____ No Comments:

How can the experience be used to extend pupil interest and learning in the major area of study?
Comments:

Evaluate the place of visitation as well as how the students handled the materials observed at the site.
Comments:

This form should be submitted to site Principal at least within five (5) days of the field trip.

**NYE COUNTY SCHOOL DISTRICT TRANSPORTATION
BUS EVACUATION PROCEDURES
(APPENDIX H)**

ROUTE NO: _____	LICENSE NO: _____	BUS ID NO _____
Evacuation Drill for: (check one)	Regular: 1 st Semester _____	2 nd Semester _____
SPECIAL: FIELD TRIP _____	1 ST TRIP OF SEASON FOR (LIST SPORT) _____	
_____ (SCHOOL/GROUP/DESTINATION)		

In a bus emergency, students must:

- | | |
|---|--|
| a. <i>Keep calm</i> | d. <i>Walk</i> |
| b. <i>Be quiet</i> | e. <i>Move out in an orderly fashion</i> |
| c. <i>Stay seated until their turn to leave bus</i> | f. <i>Don't push</i> |

A leader and two helpers are to be trained to assist in the event an evacuation is necessary.
(DISCUSS ONLY THE BACKDOOR EVACUATION, ACTUALLY PRACTICE THE SIDE-DOOR EVACUATION ONLY).

- **HELPERS**
 - a. Go out emergency exit
 - b. Position yourselves on each side of exit door

- **PASSENGERS**
 - a. Leave personal articles on bus
 - b. Exit bus quickly but safely
 - c. Follow leader to safe area

- **STUDENT LEADER**
 - a. Be third one off bus
 - b. Lead passengers about 100 feet from bus to safe area

- **DRIVER**
 - a. Look to see that everyone is out of the bus, leave radio outside window, exit bus, join students

If driver is incapacitated, passengers should know:

- | | |
|---------------------------------------|--|
| 1. <i>How to turn off ignition</i> | 5. <i>Location of and how to open window exits</i> |
| 2. <i>How to set emergency brake</i> | 6. <i>How to pop out the safety windows</i> |
| 3. <i>How to open the front door</i> | 7. <i>How to turn on emergency blinkers</i> |
| 4. <i>Location of emergency exits</i> | 8. <i>How to use the radio</i> |

REMEMBER: Evacuation DOES NOT depend on how fast, but on HOW SAFE the evacuation is made.

BUS DRIVER'S STATEMENT		
The evacuation practice was completed as instructed.		
Dated: _____	Time: _____ AM/PM	Time to Accomplish Evac: ___ min. ___ sec.
Signature: _____ (Driver)		_____ (Principal or Designee)

DAILY (24 hrs) ACTIVITY LOG - (APPENDIX I)

15 HOURS MAXIMUM DUTY TIME WITHIN A 24 HOUR PERIOD/INCLUDING 10 HOURS MAXIMUM DRIVING/10 HOURS CONSECUTIVE OFF DUTY HOURS

TRIP # _____ DRIVER _____

DEPARTURE DATE _____ BUS ID # _____ BUS LICENSE # _____

DEPARTURE DRIVING TIME _____ AM _____ PM END DRIVING TIME _____ AM _____ PM

START DRIVING LOCATION (city/state) _____ END DRIVING LOCATION (city/state) _____

DAILY TRIP MILES DRIVEN (BUS) _____ VAN/CAR LICENSE # _____

TOTAL DRIVING HOURS FOR BUS _____ MILES DRIVEN (VAN/CAR) _____

DID YOU DRIVE A ROUTE BUS TODAY? *yes/no* TOTAL DRIVER HOURS FOR VAN/CAR _____

if yes: How many hours? (PLEASE SHOW)

MIDNIGHT	12	1	2	3	4	5	6	7	8	9	10	11	12	NOON
<i>DRIVING TIME</i>														<i>DRIVING TIME</i>
<u>ON DUTY NON-DRIVING</u>														<u>ON DUTY NON-DRIVING</u>
OFF DUTY														OFF DUTY
NOON	12	1	2	3	4	5	6	7	8	9	10	11	12	MIDNIGHT
<i>DRIVING TIME</i>														<i>DRIVING TIME</i>
<u>ON DUTY NON-DRIVING</u>														<u>ON DUTY NON-DRIVING</u>
OFF DUTY														OFF DUTY

TYPE OF ACTIVITY _____ **DESTINATION (TOWN)** _____

BUS CLEANED BUS NOT CLEANED BUS FUELED UPON RETURN GALLONS BUS NOT FUELED

STARTING ODOMETER (bus) _____ **COUNTS:** ENDING ODOMETER (van/car) _____

STARTING ODOMETER (bus) _____ Students Transported to: _____

TOTAL MILES (bus) _____ Coaches/Chaperones Transported to: _____

Students Transported from: _____

Coaches/Chaperones Transported from: _____

TOTAL MILES (van/car) _____

SIGNATURE OF DRIVER _____ SIGNATURE OF SCHOOL OFFICIAL _____

ACTIVITY BUS DRIVING SUMMARY SHEET

APPENDIX I - PAGE 2

TRIP # _____ SCHOOL BEING TRANSPORTED _____
 DRIVER'S NAME _____ SPORT OR EVENT _____
 EMPLOYEE # _____ BUS ID# _____
 ACTIVITY TRIP YES / NO FIELD TRIP YES/NO CAR/VAN LIC# _____
 (CIRCLE ONE) (CIRCLE ONE)

DATE	BUS BEGINNING ODOMETER	BUS ENDING ODOMETER	TOTAL MILES BUS		VEHICLE BEGINNING ODOMETER	VEHICLE ENDING ODOMETER	TOTAL MILES VEHICLE	TOTAL MILES DRIVEN

TOTAL MILES DRIVEN

RATE	X	TOTAL MILES =	AMOUNT
0.36	X	_____ =	_____

OFFICE USE ONLY

GL CODING _____

AMOUNT PAID _____

CHECK DATE: _____

ON DUTY-NON DRIVING				
DATE	NOT TO EXCEED TEN HOURS IN ANY 24 HOUR PERIOD			
	HOURS	X	\$8.25	= \$
	HOURS	X	\$8.25	= \$
	HOURS	X	\$8.25	= \$
STAND-BY TOTAL \$ _____				

AMOUNT OWED \$ _____
 (Total \$ from miles plus total stand-by \$)

 Approved by - Principal