

REQUEST FOR FIELD TRIP

1. Name of School _____ 2. Name of Teacher _____
3. Grade level of class _____ 4. Destination _____
5. Purpose of field trip (Use reverse side if necessary) _____
6. Name of common carrier _____
7. Date of field trip _____ Time of Departure _____ Time of Return _____
8. Explain how classroom activities in planning and preparing for the field trip will provide maximum benefit to the students _____

9. How many chaperones? _____ 10. How many students? _____
11. Will safety rules and procedures be discussed with the group? _____
12. Will permission slips signed by a parent or guardian be on file at the school before departure _____
13. Have arrangements been made with authorized person at the site to be visited? _____
14. How much money will each child be required to pay? _____
15. What plans have been made to take care of the costs of those children who cannot pay? _____

16. What provisions have been made for those students who are not going on the trip? _____

17. What follow-up activities are planned? _____

18. Signature of teacher _____ Date _____
19. Approved: Yes _____ No _____ Signature of Principal _____
- NOTE:** If an out-of-state or overnight trip is planned, submit this form to the appropriate Director of Schools for approval 30 days prior to planned departure. The Superintendent must sign out-of-state Field Trip forms.
20. Will a nurse be needed? _____ Yes _____ No Nurse Signature _____
21. Signature of Director of Schools: _____

A copy of the approved field trip permission form must be distributed to:

1. Teacher
2. Principal
3. Appropriate Director

**BIRMINGHAM CITY SCHOOLS
FIELD TRIP REQUEST ADDENDUM**

1. State content related objectives of the field trip.

2. State how the field trip is linked to grade specific content standards instruction.

Check one: () Within county () Out-of-County () Out-of-state () Overnight () Out-of-country
() Off-campus extra curricular

3. Total cost of field trip (including cost of transportation, food, lodging, etc.) Cost for Students _____ Cost of Buses _____ Other _____

4. Funding Source _____

5. Mode of Transportation: () School Bus () Commercial Carrier () Walk

() Parental Responsibility Number of school buses required _____

(Note: The responsibility of obtaining buses shall rest with the originator or his/her designee.)

6. Name of approved Commercial Carrier:

*Please note that out-of-town trips must be pre-approved by your Director and the Superintendent & must be submitted 30 days in advance.

CHAPERONES

[illegible]

BIRMINGHAM CITY SCHOOLS TRANSPORTATION REQUEST

Date of Request

Number of Buses Needed

School

Teacher's Signature – Department

I understand that the cost for this trip will be based on the number of hours that the driver works and the number of miles that the bus travels. This request is in effect a purchase order for transportation services. I authorize funds to be transferred from my school's accounts to pay for this service. I certify that our school has sufficient funds available to pay for this service.

Principal's Signature

Director's Approval

Departure Point

Destination

Trip Date

Departure Time

Return Date

Return Time

IT IS THE SCHOOL'S RESPONSIBILITY TO CALL FOR CONFIRMATION

Charges: Fees will be based on the amount of time that the school bus driver works and the actual amount of miles that the bus travels. There is a three hour minimum for every charter.

Cost of Driver - Schools will be charged \$20.00 an hour for the driver's hourly pay plus Board-paid benefits from clock-in at the bus terminal until clock-out at the bus terminal. Clock-in time will be 30 minutes prior to scheduled arrival time at the school or starting destination. This will allow the driver time for mandated pre-trip inspection of the bus. Clock-out time will be approximately 30 minutes or more after arrival back at the school or end point. This will allow time for the driver to clean off bus and do mandated post-trip inspection.

Cost for Bus - A \$1.30 per-mile fee will be charged. This will pay for fuel, wear of bus, and other operational costs. The miles will be measured by bus odometer readings from the bus terminal to the destination and back to the bus terminal.

Application - Transportation should be the first consideration in planning any trip. Commitments should not be made without firm transportation booking. Applications will be accepted on a first received first served basis. This form must arrive at least two weeks before the event to allow driver scheduling and minimizing overtime.

Cancellation - Please let the dispatcher know as soon as possible when canceling a charter so others may use the service. Cancellations due to bad weather or other good cause on the day of the charter will be accepted without charges. However, if charters are not cancelled before the bus is sent to a school, \$30.00 will be charged for driver pay and bus use.

Directions - Travel directions, venue entry routes, and parking directions are the responsibility of the person in charge of the field trip. Someone on each bus should be ready to give the driver accurate and safe directions. Do not assume the driver will know how to get to the location.

Communications - The lead chaperon on each bus must have a list of students with emergency information and a cellular phone in case there is an emergency! The driver of each bus should have a list of students with telephone numbers that are on the bus. The school's office must have a list of students and telephone numbers in case of emergency. The driver must review all evacuation procedures to everyone that is on the bus for the charter.

Traveling out of Jefferson County - You must use approved vendors and they must send you confirmation on insurance. The confirmation of insurance must be attached to this form for Area Assistant Superintendent's approval.

THE TRANSPORTATION DEPARTMENT MUST HAVE THIS FORM AT LEAST TEN DAYS BEFORE THE EVENT!

LIABILITY RELEASE
Out-Of-State Field Trip Form

Name of Minor: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Known Illnesses: _____

Current Medication(s): _____

Allergic to the following: _____

WHO TO CONTACT IN CASE OF AN EMERGENCY:

Name: _____

Address: _____

Home Phone Number: _____ Work: _____

I, _____, give my permission for
(Parent/Legal Guardian)

_____, to go on the field trip to
(Child's Name)

(Destination)

on _____
(Date(s) of trip)