

CPM Field Trip Form Check List 2024 - 2025

This checklist must be complete and attached to the front of each request before submitting for approval. Entered on Calendar: Field Trip Scanned Transportation confirmed:

ASB USE ONLY:

Dates of Trip:	Organization Name:	
Person requesting		
	Signature of Applicant	

ONE DAY FIELD TRIP

ce use and verification.

** Must be submitted to the ASB 14 days prior to the planned trip for approval	
lease use the check boxes to verify each form is completely and accurately filled out. The blanks are for off	ic
Request for Excursion/Field Trip - Form 7209-18 Pg.	
1-5 Page 1 - 3 - Trip Information Form □ Did you provide the objective of the field trip indicating the relationship to the district course of study? □ Did you fill out the projected costs and funding source?	
 Did you sign the form? Page 4 - Parent Permission for student participation 	
□ You only need to include the template of what each student will be given to sign	
Page 5 - Adult Participation in Off-Campus School Sponsored Event	
□ Do you have a signed form for every adult listed on pg. 1 (Certificated and Chaperones)?	
Student Roster - does the number of students listed on page 1 match the number of students on the roster?	
Homework assignment plan	
Le ave of Absence	
NOTE: If driving students is involved:	
□ Driver Information Sheet	
☐ Is all of the vehicle information filled out including the License plate?	
□ Copy of personal auto insurance	
□ Is the driver who's license was submitted listed on the policy?	
□ Did you check the expiration date – must be valid through the dates of the trip?	
□ Dose the policy meet the minimum requirements \$100,000/\$300,000/\$100,000 or 3 million total?	
□ Copy of Driver's License	
□ Did you check the expiration date?	
□ Please include a list of drivers and students in vehicle showing that all students have a place in a vehicle.	
**If School Transportation is being used, please submit the Transportation forms to Mr. Torres	

. You must acquire your pseudo number from Ms. Ponce in the main office.

SWEETWATER UNION HIGH SCHOOL DISTRICT REQUEST FOR EXCURSION/FIELD TRIP

			Date
	SCI	IOOL	
	DEP	ARTMENT	
	Trip Informa	tion	
G : /	•		
Sponsoring agency/group			
	Revocation of District Authoriz		
=	perintendent and/or his designe Hm. #	=	=
	Name:	Hm. #	Wk. #
	Email		
Destination (Attach itinerar	y if more than one stopover is	involved)	
Expected day/time of depar	ture		
Number of overnight stays_	Comme	nt	
Number of days of travel	Comme	nt	
Expected day/time of return	1		
Purpose (Goals/objectives v course of study. Attach sepa	with clear indication of relation	ship of the proposed	field trip to the district
Certificated staff member re	esponsible		
Number of participants (Le.	ss adult chaperones <u>)</u>		
Number of adult chaperone	s, less certificated staff membe	r responsible	
Transportation will be prov	ided by:		
□District bus	Commercial ca Bus)	arrier (Charter	Private vehicle*
*If using a private vehicle, please Fiscal Services.	e complete Driver Information Sheet	(Form 4124-03, Exhibit	4) and submit to the Office of
If by commercial carrier*, t *You may only use a comm	the company providing transponercial carrier that has been app	rtation: roved by the board c	of trustees.
Projected costs: Total	Per participant	Funding Sc	ource

14.

15.	Insurance:	Policy Number:	_Carrier
	Health Insurance:		_

Form No. 7209-03 Exhibit 1

I.		day excursion/field trips, within the state, principal's approval required; Application must be d at least 10 schools days in advance of the trip. (please complete the following)
	a.	Parent permission slip for student participation on file exempting the district from all financial responsibility.
	□ b.	Adequate optional illness, accident and death insurance provided for all participating students and adults. (Supplemental Health/Accident Insurance available for a nominal fee through provider of student accident insurance.)
	c.	If out of country, written assurance of sufficient funds to cover all travel and expenses, executed and filed.
	d.	Written assurance that no student will be excluded from excursion or field trip because of lack of sufficient funds.
	<u> </u>	If absence from school is involved, plan for academic make-up formulated and filed with the principal(s). Copy of make-up plan attached.
II.	Superint	night excursion/field trips, within the state, of no more than two nights and three days, the endent or his/her designee approval required. Application must be submitted at least one to calendar days) in advance of trip. (please complete the following)
	a.	Parent permission slip for student participation and <i>Hold Harmless Agreement & Agreement Not to Sue Re: Revocation of District Authorization</i> on file exempting the district from all financial responsibility.
	□ b.	Adequate optional illness, accident and death insurance provided for all participating students and parents. (Supplemental Accident Insurance available for a nominal fee through provider of student accident insurance.)
	□ c.	Required liability insurance provided when using private vehicle and commercial carrier.
	d.	Assurance that no student will be excluded from excursion or field trip because of lack of sufficient funds, executed and filed.
	e.	If absence from school is involved, plan for academic make-up formulated and filed with the principal(s). Copy of make-up plan attached.
	f.	If appropriate, fund-raising plans, including methods of accounting for funds, paying expenses of those unable to pay their own, and returning monies not used for the purpose specified by contributions, formulated. Copy of fund-raising plans attached.

Student Accident Insurance: Amt. of Coverage \$ ____Carrier ____

Form No. 7209-03 Exhibit 1

complete the following)

For field trips involving three or more nights and/or out-of-state, Board of Trustees approval required; Application must be submitted at least two months (60 calendar days) in advance of the trip. (please

a.	Parent permission slip for student participation and <i>Hold Harmless Agreement & Agreement Not to Sue Re: Revocation of District Authorization</i> on file exempting the district from all financial responsibility.
□ b.	If out-of-state, statement specifying public funds will not be utilized for anything other than salaries, executed and filed.
c.	If out-of-state, waiver of claims and hold harmless agreements executed by each adult and parent or guardian of each student participating in the field trip, and filed.
☐ d.	Adequate optional illness, accident and death insurance provided for all participating students and parents. (Supplemental Accident Insurance available for a nominal fee through provider of student accident insurance.)
<u></u> е.	Required liability insurance provided when using private vehicle and commercial carrier.
f.	If out-of-country, assurance of sufficient funds to cover all travel and living expenses, executed and filed.
g.	Assurance that no student will be excluded from excursion or field trip because of lack of sufficient funds, executed and filed.
h.	If out-of-state, assurance that sufficient "cancellation" insurance has been investigated and <i>Hold Harmless Agreement & Agreement Not to Sue Re: Revocation of District Authorization</i> (Form No. 4020-03) is on file exempting the district from all financial responsibility in the event the activity is cancelled.
i.	If absence from school is involved, plan for academic make-up formulated and filed with the principal(s). Copy of make-up plan attached.
<u></u> ј.	If appropriate, fund-raising plans, including methods of accounting for funds, paying expenses of those unable to pay their own, and returning monies not used for the purpose specified by contributions, formulated. Copy of fund-raising plans attached.
Person proposi	ng excursion/field trip:
	Principal:
	Additional authority, of other than principal:

Form No. 7209-03 Exhibit 1

SWEETWATER UNION HIGH SCHOOL DISTRICT PARENT PERMISSION FOR STUDENT PARTICIPATION IN OFF-CAMPUS SCHOOL-SPONSORED EVENTS

Name:	me:, has my permission to attend			
		which will take p	lace at	
	(activity/Event)			
Date of ev	vent:	_Depart time:	Return time:	
Class or g	group attending	Teach	ier/leader	
Method o	f transportation	Nam	aveling by automobile, ne of driver/Drivers se #D.L	#
1.	bus driver, to teachers or	adult sponsors. It is f	vill be responsible in for the urther understood that stude ded and that every reasonable	ents will go and
2.		t areare no	vised that the activities in tconsidered by t	
	<u>Educati</u>	on Code §35330 provid	es as follows:	
dist the gua	All persons making the field trip crict or the State of California for field trip or excursion. All adu crdians of pupils taking out-of-st ms."	injury, accident, illnes lts taking out-of-state	ss, or death occurring during field trips or excursions an	g or by reason of d all parents or
and dur ille will age froi	In accordance with this statute, a or excursion, I hereby release the agents from and waive all claiming or by reason of said field trip gal acts of third parties, terror lful injury to a person, property nts, and further agree to indemniful any claims and actions for day/daughter's conduct while particip	ne Sweetwater Union It is for injury, accident, or excursion, and arism, or act of war, et or violation of law by and hold harmless the same or injury which	High School District, its offi illness, death or property da sing from any cause whatso except for any claims based by the District, its officers, he District, its officers, employed any person may assert by	cers, employees amage occurring bever, including upon the fraud, employees and byees and agents
lice	In the event of any of any illness mination, anesthetic, medical, de- ensed physician and/or surgeon a ee that the resulting expenses will	ental or surgical diagrass deemed necessary	nosis or treatment and hosp	ital care from a
Signature (of Parent(s)/Guardian(s)/Caregiver(s)	_	one# to contact	Date
Health Ins	urance Company	_		Policy Number

Form No: 7207-03 Exhibit 2

SWEETWATER UNION HIGH SCHOOL DISTRICT

STATEMENT REGARDING ADULT PARTICIPATION IN OFF-CAMPUS SCHOOL-SPONSORED EVENTS

I,	, plan to participate
in(Event or Activi	ity) , and do hereby
	vised that the activities involved in this excursion/field tconsidered by the district as being of "high ants.
(Date)	(Signature)
	WAIVER OF CLAIM
Union High School District, and	d hold harmless the individual sponsors, the Sweetwater the State of California for any injury, accident, illness, personal property occurring during or by reason of this
(Date)	(Signature)

Form No. 7208-03 Exhibit 3



Castle Park Middle School

160 Quintard St. Chula Vista, CA 91911 Tel. 619-498-6000

http://cpm.sweetwaterschools.org/

CASTLE PARK MIDDLE SCHOOL HOMEWORK PLAN

- 1) Students are responsible for all work missed from their regular courses while on the field trip. Students are required to obtain assignments and permission from their teachers prior to the trip.
- 2) Students will need to complete these assignments prior to returning to school, or at the agreed upon date.
- 3) For trips longer than 1-2 days, journals or field trip assignments may be assigned.

Student Name:			
_			

Other assignments as directed by the teachers

** By signing this document, you are giving your permission for the student to attend the field trip.

Period	<u>Teacher</u>	<u>Assignment</u>	<u>Due date</u>
1			
2			
3			
4			
5			
6			
7			

Sweetwater Union High School District **Request**

for Leave

of Absence

for Conference/Wor kshop/Meeting/F ield Trip/IEP

Name of Employee:		Last four of SSN:	
Name of Event:		LOCATION OF EVENT:	
Day(s) and Date(s) of event: From:		Thru:	
Class Coverage Needed:	YesNo YesNo	IF THE DISTRICT IS TO BILL ANOTHER AGENCY Agency Name: Contact: Agency Address: Cost of Sub:	
Name of Funding Source	Department Responsible	Sub tape job #	
Substitute/Class Coverage Budget Numbers:	Pseudo		

CONFERENC	E/WORKSHOP FEES T	O BE PAID BY	BUDGET
Budget Numbers: Conference Expense ESTIMATED EXPENDED REGISTRATION FEE HOTEL () NIGHTS MEALS TRANSPORTATION	Pseudo: ENSEADVANCE CASH \$ \$ \$ TOTAL \$	Requisition #: EMPLOYEE TO BE REIMBURSED \$ \$ \$	* Employee signature below authorizes payroll deduction if Advance Cash is not reconciled within 10 days after completion of the activity (Reg. 4132.2, Paragraph 17). ** The district may assess a \$35 processing charge to the location identified on the Application for Leave of Absence if the request is canceled subsequent to the warrant being prepared and cleared through the County Office of Education.
I hereby certify that I underst Employee Signature	and the provisions of district policy 4132,	regulation 4132.2, paragraph 17, and agree Additional Approval	e to a payroll deduction equal of this advance if I have not complied with those provisions.
Principal		_	Form No. 8399-A

CASTLE PARK MIDDLE SCHOOL

TRANSPORTATION REQUISITION

Requests should be turned in at least 14 days prior to the event Rudy Torres

rudy.torres@sweetwaterschools.org

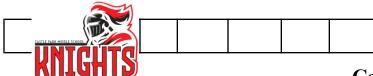
Date	Request #
Contact	•
Emergency #(cell number)	Pseudo #
Destination	
Event	Leave CPM
Day	
Date	Transportation #
Arrive @ Event Time	- <u> </u>
Start Time of Event	Accepted
Pick Up from Event	_
Number of Adults	_
Number of Students	-
Special Instructions	

Please contact Transportation with problems or changes # 691-5527

SWEETWATER UNION HIGH SCHOOL DISTRICT

DRIVER INFORMATION SHEET

[, <u> </u>		, will be driving a private
vehicle used	to transport students from	
		(School Site)
on an excurs	sion/field trip or extracurricular event, to	0:
		on
	(Place)	(Date)
I certify tha	nt:	
A.	I possess a current, valid, driver's lic No.:	eense,
	NO	
В.	I carry a minimum insurance of \$100	0,000 bodily injure per person/\$300,000 per acciden lieu thereof, \$300,000 combined single limit.
В.	I carry a minimum insurance of \$100 and \$50,000 property damage, or in	
В.	I carry a minimum insurance of \$100 and \$50,000 property damage, or in E	lieu thereof, \$300,000 combined single limit.
	I carry a minimum insurance of \$100 and \$50,000 property damage, or in E	lieu thereof, \$300,000 combined single limit.
C.	I carry a minimum insurance of \$100 and \$50,000 property damage, or in Earrier: The vehicle I will be driving is in safe	lieu thereof, \$300,000 combined single limit.
C.	I carry a minimum insurance of \$100 and \$50,000 property damage, or in I Carrier: The vehicle I will be driving is in saf You will need to provide a copy of: 1. Your driver's license; and	



Castle Park Middle School

160 Quintard St. Chula Vista, CA 91911 Tel. 619-498-6000 http://cpm.sweetwaterschools.org/

CASTLE PARK MIDDLE SCHOOL

Driver Assignments: Please list the driver with the students they will be responsible for transporting.