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.

ASB USE ONLY:

Entered on Calendar:
Field Trip Scanned
Transportation confirmed:

Dates of Trip: _____

Person requesting_____

Organization Name:

_____

Signature of Applicant

_____

_____

ONE DAY FIELD TRIP

**Must be submitted to the ASB 14 days prior to the planned trip for approval

Please use the check boxes to verify each form is completely and accurately filled out. The blanks are for office use and verification.

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 _____

~~Leave 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

_____ SCHOOL

_____DEPARTMENT

_____

Trip Information

1. Sponsoring agency/group_____

2. In the event of a potential Revocation of District Authorization for Excursion/Field Trip, the following are the two key contacts the Superintendent and/or his designee may direct all correspondence to:
   Name:_____Hm. #_____Wk. #_____Email
   _____ Name:_____Hm. #_____Wk. #
   _____Email_____

3. Destination (Attach itinerary if more than one stopover is involved)
   _____
   _____

4. Expected day/time of departure

5. Number of overnight stays_____Comment _____

6. Number of days of travel_____Comment _____

7. Expected day/time of return_____

8. Purpose *(Goals/objectives with clear indication of relationship of the proposed field trip to the district course of study. Attach separate sheet if necessary)*
   _____
   _____
   _____
   _____

9. Certificated staff member responsible _____

10. Number of participants *(Less adult chaperones)*_____

11. Number of adult chaperones, less certificated staff member responsible_____

12. Transportation will be provided by:

☐District bus	Commercial carrier (Charter Bus)	Private vehicle*
☐	☐	☐

**If using a private vehicle, please complete Driver Information Sheet (Form 4124-03, Exhibit 4) and submit to the Office of Fiscal Services.*

13. If by commercial carrier*, the company providing transportation: _____
    *You may only use a commercial carrier that has been approved by the board of trustees.

14. Projected costs: Total_____Per participant_____Funding Source _____
    (i.e. Cat./Grant.)

15. Insurance:
Health Insurance:_____

Policy Number:_____Carrier
_____

Student Accident Insurance: Amt. of Coverage $_____Carrier _____

16. The following has been complied with or will be complied with prior to departure:

I. **For one-day excursion/field trips, within the state, principal's approval required; Application must be submitted 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.

☐ 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.

II. **For overnight excursion/field trips, within the state, of no more than two nights and three days, the Superintendent or his/her designee approval required. Application must be submitted at least one month (30 calendar days) in advance of trip.** *(please complete the following)*

☐ a. Parent permission slip for student participation and ***Hold Harmless Agreement & Agreement Not to Sue Re: Revocation of District Authorization*** 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.

III. **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 complete the following)*

☐ a. Parent permission slip for student participation and ***Hold Harmless Agreement & Agreement Not to Sue Re: Revocation of District Authorization*** 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.)*

☐ e. 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 ***Hold Harmless Agreement & Agreement Not to Sue Re: Revocation of District Authorization*** (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.

☐ j. 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 proposing excursion/field trip:

_____ Principal:

_____Additional authority, of other than principal:

_____

SWEETWATER UNION HIGH SCHOOL DISTRICT

PARENT PERMISSION FOR STUDENT PARTICIPATION IN OFF-CAMPUS SCHOOL-SPONSORED EVENTS

Name:_____, has my permission to attend _____

_____ which will take place at _____
(activity/Event)

Date of event:_____Depart time:_____Return time: _____

Class or group attending_____Teacher/leader _____

If traveling by automobile,
Name of driver/Drivers
Method of transportation_____License #_____D.L. # _____

1. I understand that all students going on this trip will be responsible in for their conduct to the bus driver, to teachers or adult sponsors. It is further understood that students will go and return from the event on the transportation provided and that every reasonable caution will be maintained on the trip.

2. I hereby acknowledge that I have been advised that the activities involved in this excursion/field trip or event are_____are not_____considered by the district to be of "high risk" to the participants.

Education Code §35330 provides as follows:

"All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims."

In accordance with this statute, and in consideration of my son/daughter's participation in said field trip or excursion, I hereby release the Sweetwater Union High School District, its officers, employees and agents from and waive all claims for injury, accident, illness, death or property damage occurring during or by reason of said field trip or excursion, **and arising from any cause whatsoever, including illegal acts of third parties, terrorism, or act of war,** except for any claims based upon the fraud, willful injury to a person, property, or violation of law by the District, its officers, employees and agents, and further agree to indemnify and hold harmless the District, its officers, employees and agents from any claims and actions for damage or injury which any person may assert by reason of my son/daughter's conduct while participating in said field trip or excursion.

In the event of any of any illness or injury to my son/daughter, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my son/daughter's safety and welfare. I agree that the resulting expenses will be my responsibility.

Signature of Parent(s)/Guardian(s)/Caregiver(s)

□□□- □□□- □□□□ Cellular telephone# to contact Parent or Guardian during event

_____ Date

_____ Health Insurance Company

_____ Policy Number

SWEETWATER UNION HIGH SCHOOL DISTRICT

STATEMENT REGARDING ADULT PARTICIPATION IN OFF-CAMPUS

SCHOOL-SPONSORED EVENTS

I,_____, plan to participate

in_____, and do hereby
(Event or Activity)

acknowledge that I have been advised that the activities involved in this excursion/field trip or event are_____are not_____considered by the district as being of "high risk" to both student and participants.

_____ _____

(Date) (Signature)

WAIVER OF CLAIM

I do hereby waive all claims and hold harmless the individual sponsors, the Sweetwater Union High School District, and the State of California for any injury, accident, illness, death, or any loss or damage to personal property occurring during or by reason of this excursion/field trip or event.

_____ _____

(Date) (Signature)

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	Teacher	Assignment	Due date
1			
2			
3			
4			
5			
6			
7			

Site: **CASTLE PARK MIDDLE**

Sweetwater Union High School District

Request for Leave of Absence

for Conference/Workshop/Meeting/Field Trip/IEP

Name of Employee:_____ Last four of SSN:_____

Name of Event:_____LOCATION OF EVENT:_____

Day(s) and Date(s) of event: From:_____ Thru: _____

Substitute Needed: __ Yes ___ No

Class Coverage Needed: __Yes ___ No

Periods:_____ - _____

Name of Funding Source	Department Responsible

Substitute/Class Coverage Budget Numbers: Pseudo

IF THE DISTRICT IS TO BILL ANOTHER AGENCY

Agency Name: ~~Contact:~~ _____ _____

Agency Address: ~~Cost of Sub:~~ _____ _____

Sub tape job #

_____

CONFERENCE/WORKSHOP FEES TO BE PAID BY _ BUDGET

Budget Numbers: _ Pseudo: Requisition #:

Conference Expense ESTIMATED EXPENSE	ADVANCE CASH	EMPLOYEE TO BE REIMBURSED
REGISTRATION FEE	$	$
HOTEL (__) NIGHTS	$	$
FOOD (__) MEALS	$	$
TRANSPORTATION	$	$
TOTAL $		$

* 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 understand the provisions of district policy 4132, regulation 4132.2, paragraph 17, and agree to a payroll deduction equal of this advance if I have not complied with those provisions.

Employee Signature

Additional Approval

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_____

Contact _____

Emergency # _____
(cell number)

Destination_____

Event _____

Day _____

Date _____

Arrive @ Event Time _____

Start Time of Event _____

Pick Up from Event_____

Number of Adults _____

Number of Students _____

Special Instructions

_____

_____

_____

Request #
Pseudo #
Leave CPM
Transportation #
Accepted

Please contact Transportation with problems or changes # 691-5527

SWEETWATER UNION HIGH SCHOOL DISTRICT

DRIVER INFORMATION SHEET

(To be filled out by persons who will be driving private vehicles to transport students on excursions, field trips, or extracurricular events.)

I, _____, will be driving a private

vehicle used to transport students from _____
(School Site)

on an excursion/field trip or extracurricular event, to:

_____ on _____
(Place) (Date)

I certify that:

A. I possess a current, valid, driver's license,
No.: _____ _____

B. I carry a minimum insurance of $100,000 bodily injure per person/$300,000 per accident and $50,000 property damage, or in lieu thereof, $300,000 combined single limit.

Carrier: _____

C. The vehicle I will be driving is in safe condition and will not be overloaded for the trip.

D. You will need to provide a copy of:

1. Your driver's license; and

2. Your current insurance declaration sheet which lists your coverage.

_____ _____
(Signature) (Date)

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.