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# ADMINISTRATIVE REGULATION

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**ADMINISTRATIVE REGULATION 6520A  
FIELD/CO-CURRICULAR TRIP REQUEST FORM**

Date Request Submitted \_\_\_\_\_ School \_\_\_\_\_

Teacher(s) \_\_\_\_\_ Dept./Grade Level \_\_\_\_\_

Topic of Field Trip \_\_\_\_\_ DATE OF FIELD TRIP \_\_\_\_\_

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Overnight \_\_\_\_\_

No. Of Students \_\_\_\_\_

Out-of-State \_\_\_\_\_

Grade Level(s) \_\_\_\_\_

Foreign \_\_\_\_\_

Destination/Preliminary itinerary \_\_\_\_\_

Learning standards addressed \_\_\_\_\_

Connection to curriculum unit \_\_\_\_\_

Follow up classroom activities \_\_\_\_\_

Educational value for students \_\_\_\_\_

Chaperones: Name \_\_\_\_\_ Position \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Accommodations Needed (for students with disability/special needs) \_\_\_\_\_

Mode of Transportation \_\_\_\_\_ Company \_\_\_\_\_

Cost of Trip to Individual Student \_\_\_\_\_

Are substitutes needed? Yes \_\_\_\_\_ No \_\_\_\_\_ Arrangements made \_\_\_\_\_

Arrangements for students not participating in trip \_\_\_\_\_

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## APPROVAL

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Walking, in district, out of district one day only)

Assistant Superintendent \_\_\_\_\_ Date \_\_\_\_\_

(Out of state and/or overnight)

# ADMINISTRATIVE REGULATION

## ADMINISTRATIVE REGULATION 6520B FIELD TRIP PERMISSION FORM

STUDENT NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ ID# \_\_\_\_\_

TEACHER(S): _____
FIELD TRIP LOCATION: _____
DAY/DATE: _____ TIME: _____
TRAVEL ARRANGEMENTS: _____
MEAL ARRANGEMENTS: _____
TRIP COST: _____
(Make checks payable to: _____)
ADDN INFO: _____
_____

I may be reached at the following phone numbers in case of illness or injury:

Parent/guardian (1) Home: _____ Work: _____ Cell: _____ Name: _____	Parent/guardian (2) Home: _____ Work: _____ Cell: _____ Name: _____	
<i>For Overnight Field Trips Only</i>		
Medical Insurance Carrier: _____	Policy #: _____	Phone# _____

In the event I/we cannot be reached, please contact the following responsible adult:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

My child has the following pertinent health concerns:

- No health problems     Seizures     Diabetes     Asthma
- Heart condition: \_\_\_\_\_  Severe allergy to: \_\_\_\_\_
- Motion sickness     Severe Migraines     Other: \_\_\_\_\_
- Difficulty walking-any special care needed: \_\_\_\_\_
- All medication needed to be administered during length of fieldtrip\*: \_\_\_\_\_:

**Note: \*A Medication Administration Form completed by doctor &/or parent must be completed for any medication to be given at school or on Fieldtrips.**

Forms are available in School or Nurse's Office.

*I give permission for my son/daughter to participate in this field trip.*

*In the event of serious illness or accident, I give permission for my child to be sent by rescue squad to the emergency room. I understand that I as parent/guardian am responsible for the cost of the service rendered.*

X \_\_\_\_\_ DATE: \_\_\_\_\_  
Parent/guardian signature

\*As parent/guardian, I have completed this form accurately to the best of my knowledge.

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# ***ADMINISTRATIVE REGULATION***

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## **ADMINISTRATIVE REGULATION 6520C RESPONSIBILITY CONTRACT FOR FIELD/CO-CURRICULAR TRIPS**

It is a privilege for you to participate in the District-sponsored trip to \_\_\_\_\_  
\_\_\_\_\_ (location) for \_\_\_\_\_ (activity)  
on \_\_\_\_\_ (date). Specific event/itinerary information is provided by the trip coordinator. Participation in this trip may involve risks not found in activities at school. There will be time during the trip when students are not directly supervised. (Refer to the attached itinerary for detail.) Accordingly, the expectations of the trip are listed below along with the consequences for breaking the rules. Please read them carefully. By signing the bottom of the contract, the student agrees to abide by the rules and to accept the consequences if he or she chooses to break the rules. Parents, you are accepting significant financial responsibility if your child participates in a serious violation of the KUSD Code of Conduct, school rules, or this Responsibility Contract. Please read this document carefully. It is to be signed and in the hands of the school administration before a student will be allowed to go on a trip.

1. All school rules are in effect while on the field trip.
2. Possession and consumption of alcoholic beverages and tobacco products are prohibited. Prescribed and over-the-counter medication must be in the possession of and dispensed by school personnel. All other drugs are strictly prohibited.
3. Students must keep their assigned chaperone advised of their whereabouts at all times.
4. Students must attend all mandatory activities and meal functions.
5. Students must conduct themselves in such manner as to bring pride to the student, his or her family, school, and community.
6. Students must adhere to any established dress code.
7. Students must comply, throughout the trip, with any and all instructions directed to the student and/or the group by a chaperone or staff member.
8. Students may only ride in school vehicles or vehicles driven by the teacher, coach, or chaperone. Any exceptions must be pre-approved by the administrator.
9. Students are to conduct themselves in accordance with the rules and regulations outlined in the District policy manual and the student handbook. Any violation of these rules will result in appropriate disciplinary action.
10. Any illegal conduct, for example, vandalism, theft, possession of a fire arm, etc., is prohibited.
11. Students are responsible for their personal belongings and agree to permit inspection of personal belongings by school personnel or chaperones.
12. Students may not travel anywhere alone.

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13. Abusive language or conduct endangering the safety of trip participants is prohibited.
14. Whenever a student is in doubt about what to do, he/she is expected to seek advice from the chaperone or other adult member of the group.
15. Hitchhiking and the rental or driving of motorized vehicles is not allowed.
16. Students must sleep in their assigned place.
17. Students must adhere to all established curfews.
18. Students are to refrain from entering the hotel room of any person who is not part of the trip group and likewise students are to refrain from permitting any such person from entering the room of a trip participant.
19. Students must agree to permit the inspection of their luggage and carry-on bags.
20. Students must inform assigned chaperones of their plans and whereabouts in advance of independent time.
21. Students must adhere to desired electronic device use.

I have read, understand, and agree to abide by the Responsibility Contract for Field Trips.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I have read and understand the responsibility contract my child has signed above. I agree that my child must follow the requirements of this contract.

If a problem arises that is serious enough in nature to warrant the above-named student's removal from the travel group, I agree to bear any additional costs to return the student home. NOTE: This removal decision will be made by the accompanying professional staff member after a student has been provided the opportunity to respond to any allegations. The student may also be subjected to discipline upon returning home in accordance with general District policies. I also am aware that there are times during this trip that my child will not be directly supervised by a chaperone or teacher.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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## ADMINISTRATIVE REGULATION 6520C RESPONSIBILITY CONTRACT FOR FIELD/CO-CURRICULAR TRIPS

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FIELD/CO-CURRICULAR TRIP \_\_\_\_\_

(school and trip name)

I grant permission for \_\_\_\_\_ to participate in the field trip

(child's name)

to \_\_\_\_\_ on \_\_\_\_\_

(destination/location)

(date)

Departure and return times will be approximately \_\_\_\_\_

Travel arrangements: \_\_\_\_\_

Trip cost: \_\_\_\_\_

Meal arrangements: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ may be reached at \_\_\_\_\_

(phone number)

during the hours of the field trip. An alternate responsible adult \_\_\_\_\_

(name)

may be reached at \_\_\_\_\_ if the above listed parent/guardian is

(phone number)

not available to care for the student.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

If you have any questions/concerns, please feel free to contact me.

Sincerely,

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

(Refer to attached detailed event/itinerary information.)