



**Student Field/Extracurricular Trip – Planning and Approval Checklist**

Designed to comply with requirements specified in district policy, IICA - Student Field/Extracurricular Trips.

**Section 1 – General Planning: Teacher**

Date: \_\_\_\_\_ School: \_\_\_\_\_ Group: \_\_\_\_\_

This request is for a: \_\_\_\_\_ Bus(s) \_\_\_\_\_ Suburban(s) Requested by: \_\_\_\_\_

Destination: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Check here if this is an instructional field trip. **Attach separate detailed narrative description of trip activity.** *Instructional trips are those that directly relate to classroom instruction and are considered part of your normal curricular activities. District administration will determine final approval for instructional field trips.*

Number in Group: \_\_\_\_\_ Chaperones: \_\_\_\_\_

Date Trip Leaves: \_\_\_\_\_ Loading Time: \_\_\_\_\_ Location: \_\_\_\_\_

Date Trip Returns: \_\_\_\_\_ Loading Time: \_\_\_\_\_ Location: \_\_\_\_\_

Check all that apply:  Regular School Day Activity  Outside Regular School Day Activity

Overnight Activity  Special Equipment (Please Specify Needs): \_\_\_\_\_

Number of Staff Members: \_\_\_\_\_ Number of Volunteers: \_\_\_\_\_ Student/Adult Ratio: \_\_\_\_\_ / \_\_\_\_\_

Accommodation Needs for 504 or Special Education/Health issues (diet, allergy, bee sting, etc.) \_\_\_\_\_ (Y/N or N/A)

**Suburban Request Only:**

Who will be driving the Suburban(s)? \_\_\_\_\_  
*(You must have van driver training, a current first-aid card and ODE approval in order to drive a suburban.)*

Do you need a gas credit card? \_\_\_\_\_ (Y/N)  
*(This will need to be checked out at the district office prior to your scheduled departure date.)*

**Required by OAR 581-053-0015 (6):** Drivers shall report to their employer(s) within 15 days, any convictions for driving or criminal offenses specified in OAR 581-053-0006 (8) or any involvement in an accident as defined in OAR 581-053-0006 (8)(c)(G)(i).

**All trips must have prior approval, with appropriate signatures from your building administrator and/or the district office before a trip can be scheduled.**

**Supervision Plan:**

- Day Supervision Plan
- Night Supervision Plan: Attach copy of supervision plan/schedule including random, period spot checks throughout the night, accommodations that include same gender supervised sleeping arrangements.
- Meal Plans accounted for to include special dietary needs.
- If there are student out-of-pocket expenses, arrangements for those unable to pay.

**Medication:**

- Medication Administration Form completed, *if applicable*.

**Section 2 – Specific Planning: Principal**

**Type of Trip:** (See IICA for details)

- 2.21 Full class trip directly tied to current studies.
- 2.27 Extracurricular/Activity – Not Educational

**Transportation:**

- First Student Buses - (If checked, verify minimum reservation timelines have been or will be met) (*Trip must be scheduled a minimum of two weeks in advance with First Student*)
- Private vehicles include verification of insurance and criminal background check. (*Must be submitted at least one week in advance to the district office*)

**Staff Acknowledgement:** All staff attending the event must sign (attach additional sheet if necessary).

**Staff/Chaperone Name**

**Staff/Chaperone Name**

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**Section e – Trip Authorization - Principal/Superintendent**

**Administrator Approval:**

**Initials**

- In-district or Out-of-district within Oregon; less than 200 miles radius; no overnight.** I have verified that the student trip proposed above meets with all pertinent criteria and hereby grant final approval. \_\_\_\_\_
- Overnight; out-of-state; international; or over 200 mile radius travel.** I have verified that the student trip proposed meets all pertinent criteria and forwarding the request with a recommendation to approve. \_\_\_\_\_
- I have advised staff and chaperones that all district policies and administrative rules apply and reviewed where applicable. \_\_\_\_\_
- All chaperones meet policy guidelines and are approved for this event. \_\_\_\_\_

Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Superintendent Approval: For any overnight, out-of-state, international or over 200 mile radius travel. Submit this form at least 20 school days prior to the departure date for overnight travel, and 60 school days prior to the departure date for out-of-state, international or over 200 mile radius travel.**

Superintendent Signature: \_\_\_\_\_

Date: \_\_\_\_\_