

FIELD TRIP PACKET

(ENTIRE field trip packet must be typed and submitted to Principal for review)

Log #: _____

T.A.#: _____

Tsehootsooi Primary Learning Center

Tsehootsooi Intermediate Learning Center

Tsehootsooi Dine Bi'Olta

Tsehootsooi Middle School

Window Rock High School

Window Rock High School - Athletic Trip

Scouts Academy

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BE ADVISED THAT:

1. Incomplete Field Trip Packets will be returned.
2. Signature of driver, if using a district vehicle, must be completed.
3. ALL OVERNIGHT TRAVEL MUST BE BOARD APPROVED PRIOR TO DATE OF TRAVEL.

Approved and Signed by: _____ Date: _____

Board Approved: _____ Packet Returned to Principal: _____
(Date) (Date)

Packet Returned to Athletic Director (Athletic Trips Only): _____
(Date)

Request Form

(Must Be Typed)

Date of Request: _____ Phone #: _____

Teacher(s) responsible for trip: _____

Class/Club or Organization: _____

Anticipated Number of Students: _____ Chaperones: _____

Date of Trip: _____ Destination: _____

Total Cost of Trip: \$ _____

Authorized Signatures			
	Status	Date Received &	Initials
Principal	Approved		
	Disapproved		
Superintendent	Approved		
	Disapproved		
Business Manager	Approved		
	Disapproved		
Athletic Director (Athletic Trips Only)	Approved		
	Disapproved		

Estimated Expenses

This is a field trip worksheet form only and is neither an authorization nor approval to extend any Activity Account or other Budget Funds. However, if the field trip is allowed, no expenditures will be allowed except those stated below. The Principal's secretary will return the field trip packet if the form is not completed.

Meals	
Breakfast	
No. of Students: _____ @ \$ _____ per student = \$ _____	
No. of Adults: _____ @ \$ _____ per adult = \$ _____	
Lunch	
No. of Students: _____ @ \$ _____ per student = \$ _____	
No. of Adults: _____ @ \$ _____ per adult = \$ _____	
Dinner	
No. of Students: _____ @ \$ _____ per student = \$ _____	
No. of Adults: _____ @ \$ _____ per adult = \$ _____	
Total Cost of Meals: \$ _____	

Lodging			
Motel: _____	Phone#: _____		
Address: _____			
	City	State	Zip
No. of Person(s) _____ # of Rooms _____ @ \$ _____ per room			
No. of Person(s) _____ # of Rooms _____ @ \$ _____ per room			
(4) persons per room - \$25.00 Maximum			Total Cost of Rooms: \$ _____

Miscellaneous Fees (Entrance Fee/Transportation)

Entrance Fee:	
Event: _____	
Students _____ @ \$ _____ = \$ _____ Other: _____ @ \$ _____ = \$ _____	Adults _____ @ \$ _____ = \$ _____ Total Entrance Fee: \$ _____
Transportation:	
Non-Pupil Fleet Fee \$.445 @ _____ miles = \$ _____	Pupil Fleet Fee \$ 2.42 @ _____ miles = \$ _____
Total Transportation Cost: \$ _____	
GRAND TOTAL (Meals, Lodging & Misc. Fees)	
\$ _____	

1. Are funds available in the Class, Club, or Organization's Activity Account? Yes No
2. Will the School's Budget Funds be utilized? If yes, please list account numbers and amounts: Yes No
 Account#: _____ \$ _____
 Account#: _____ \$ _____
3. Other finances that will be utilized:

Individual: \$ _____	Club: \$ _____	Other: \$ _____	Total: \$ _____
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(Figures from #2 and #3 should match the Grand Total Above)

Principal Signature: _____ **Date:** _____

NOTE: Do not leave on "field trip" without receiving appropriate forms from the Principal or Business Office to "pay" for above expenses.

Student Roster for Enrichment Activity

Distribute copies to the following:

1. One copy goes to the Principal's Secretary for the Daily Bulletin no later than 12:00 noon **the day before your field trip.**
2. As you load for departure, correct the list by "circling" names of those not present. Leave "ONE" corrected copy with the Principal's Secretary.
3. Keep a copy for your trip.

A student must be on the list initially and must have submitted a signed parent permission slip in order to be allowed to make the trip.

Date of Activity: _____

Teacher(s) / Sponsors / Chaperones:

Class / Club / Organization: _____

Departure Date: _____

Return Date: _____

Destination: _____

Student list (Alphabetically)

Student Name (Last and First Name)	Student Name (Last and First Name)
1	21
2	22
3	23
4	24
5	25
6	26
7	27
8	28
9	29
10	30
11	31
12	32
13	33
14	34
15	35
16	36
17	37
18	38
19	39
20	40

Sack Lunch Request Form Food & Nutrition Services

1. All Sack Lunch requests must be received in the Food & Nutrition Office (10) School days prior to the date of the trip. (Do not submit the sack lunch request form with the field trip packet.)
2. All incomplete requests will be returned to the original requester
3. A list of students attending the trip must be submitted to the Food Service Cashier at the school on the day of the
4. Please attach a list that includes the name and ID number of each student attending the trip.
5. Adult sacks must be paid prior to the scheduled pick up.
 - *Adult breakfast sacks: \$1.50
 - *Adult lunch sacks: \$ 2.50
6. If you are requesting specific items, please note there is an additional charge for these items.
7. Cancellations must be made 24 hours prior to the scheduled pick-up. If meals are not cancelled, the original requester will be invoiced for the meals.

Today's Date: _____		
Date of Trip: _____	Time of Pick-Up: _____	Destination: _____
School/Dept.: _____	Grade: _____	Class: _____
Teacher/Sponsor Name: _____		
Signature of Teacher/Sponsor: _____		
Meal Type: Breakfast Lunch		
Number of Student: _____	Number of Adults: _____	Total Meals Requested: _____
Meals not Taken:		
Number of Student: _____	Number of Adults: _____	Total Meals not Taken: _____
Payment Type:		
Accounts	Cash	Purchase Order No.: _____

Approved by Principal/Designee: _____ **Date:** _____

Food & Nutrition Services Only		
Invoice#: _____		
Director's Signature: _____	Date: _____	
Kitchen site received: _____	Date: _____	Assigned to: _____
Completed by: _____	Picked up by: _____	Date: _____

Field Trip Educational Value Form

1. What is the "educational purpose and value" of the trip for students?

2. What "pre-trip orientation" was made with the students?

3. What "use or follow-up" will be made following the trip?

Approval for Trip:

Teacher/Sponsor: _____

Date: _____

Principal: _____

Date: _____

Superintendent: _____

Date: _____

School Field Trip Parental Permission for Pupil Participation Form

This is a notice to parent(s) or guardian(s) that a school sponsored activity is planned for your child/children. The parent is requested to sign and return the form before the student takes part in the activity. A student may be denied participation because of misconduct, excessive absence or critical academic standing.

Parental Permission

A trip is planned for the students at _____ to go on a school
(Class / Club / Organization)

sponsored activity to _____ on _____.
(Place) (Date)

They will leave approximately _____ (AM) and return approximately _____ (PM).

Transportation will be provided by the school district

In case of illness or injury while on the trip, the sponsor will seek necessary medical aid and the parent will be notified promptly of the need.

I hereby give permission for _____ to participate in this school sponsored activity.

Parent / Guardian Signature

Address

Telephone No.

Date:

IMPORTANT: Students going on bus trips must return by bus unless advance written permission or personal contact is made by the parents/guardian to the sponsor.

Field Trip Evaluation Form

1. What class activities or lessons were undertaken before this trip?

2. How does this field trip relate to/or emphasize yearly curriculum goals?

3. What activities in the clas have been undertaken to review wh was experienced on this trip?

4. What could be done to improve future trips?

(If additional space is required, please attach a separate sheet and return to the "Principal's" office.)

Student Injury Report Form *(Athletic Trip(s) Only)*

Complete the "Student Injury Report Form" as soon as possible after the accident occurs and forward the report to the Athletic Director. The form will be returned if there is any missing information.

Student Information								
Name of School and Organization: _____								
Club(s)		Sport(s)		Class Activites		Other: _____		
Student Name (injured): _____				Gender:		Male	Female	
Social Security #: _____			Age: _____		Grade: _____			
Date of Injury (Accident): _____				Time of Injury: _____ AM / PM				
Place of Injury: _____								
Injury Occured at:		Practice	At Home		Game	P.E.	Classroom	Other
Type of Sports: _____								

Desription of Accident							
How did the accident happen? (State all details including any tools, machinery, or instruments involved)							
Part of Body Injured: _____		Side Injured:		RT	LT	Both	
If hospitalized, Name of Hospital: _____				Fatal:		Yes	No

Remarks
What action or recommendation were made to prevent other accidents of this type?

Name of Parent(s) or Gurdian(s): _____

Date Notified: _____

Name of Witness(es) to the accident:

- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

Signature of Athletic Director: _____

Date: _____

Signature of Principal: _____

Date: _____