



FIELD TRIP CHECKLIST

May be used for Local Curricular, Co-curricular and Extra Curricular Field Trips.

School: _____ Date: _____

A. TRIP DETAILS:

Destination: _____

Accommodations: _____

Detailed Itinerary: _____

Expected Departure: Date: _____ Time: _____ Depart From: _____

Expected Return: Date: _____ Time: _____ Return To: _____

Mode of Transportation: Contracted Bus _____ School Owned Bus _____
Staff Vehicle _____ Private Vehicle _____ Other _____

B. SUPERVISION:

Teacher(s): _____

Volunteer(s): _____

Person(s) identified as first aider(s): _____

NOTE: Overnight supervisors require a current clear criminal record check.

C. STUDENTS INVOLVED:

Number of Students: _____

Grade Levels: _____ to _____

D. DRIVER(S): Complete either Section I or II

Section I: Bus Transportation (Complete [701.4 Exhibit 3 Student Participant Information Form](#))

School Approved Driver: _____ or Bus Contractor: _____

Confirm bus driver meets school bus driver qualifications as per [701.6AP](#) and has been approved by the school if school based.

- Confirmed insurance, registration and Safety Fitness Certificate/Operating Authority of Contractor.

NOTE: If arranged transportation plans fall through or a bus breakdown occurs, all parents will be notified as soon as possible. Alternate transportation should be arranged by the bus contractor and students kept on the bus (if safe to do so) until a replacement bus comes.

Section II: Private Vehicle Transportation (must be planned in advance)

Driver(s) _____

- Confirmed volunteer drivers have completed Volunteer Driver Registration and Volunteer Declaration forms, and have a current copy of license on file.
- All students have a parent/guardian permission form on file.

E. EDUCATIONAL OBJECTIVES:

Purpose of trip: _____
Student Preparation: _____
Evaluation Methodology: _____
Lesson Plan Posting: _____

F. FUNDING ESTIMATE: (Please specify):

SGF: _____ Student fee: _____ Budget: _____

G. INSURANCE REQUIEMENTS:

- \$2,000,000 third party liability on private vehicles.
- Appropriate insurance including coverage for any unforeseen expenses for national travel.

I. TEACHER SUPERVISOR CHECKLIST:

- Itinerary and activities of trip have been shared with staff, students, and parents.
- Parents have been requested to indicate possible medical problems, if any.
- Students and staff are aware of rules and safety procedures.
- Emergency contacts are on file at school.

J. ADDITIONAL STAFF REQUIRED: (IF ANY)

Hiring additional staff requires written authorization of the Principal before the event.

	At School	On Trip
_____	_____ AM	_____ PM
Date	_____ AM	_____ PM
_____	_____ AM	_____ PM
Date	_____ AM	_____ PM

Comments:

I have read and will abide by 302.8AP Field Trips and Excursions and associated exhibits.

Trip Requested by: _____
Teacher Supervisor

Trip Approved by: _____
Principal or Designate

Original: Returned to Applicant
Copy: Principal