



THE SCHOOL BOARD OF SEMINOLE COUNTY
DISTRICT-SPONSORED FIELD TRIP CHECK LIST

This checklist is provided to assist in preparing a District-Sponsored In-State or Out-of-State Overnight Field Trip Packet. All items on the checklist must be included in the packet. Failure to include all the required documents will result in a delay in processing the paperwork for approval. For more information on the SCPS School Board Policy regarding District-Sponsored Trips, please review **School Board Policy 2340**.

Date Submitted:	School Submitting Request:	Name of Contact Person:
Field Trip Destination:	Departure Date:	Return Date:

SELECT ONE:

IN-STATE OVERNIGHT FIELD TRIP
Assistant Superintendent & Superintendent Approval

Paperwork for in-state overnight trips MUST be submitted no later than 30 days prior to the trip.

OUT-OF-STATE OVERNIGHT FIELD TRIP
Assistant Superintendent, Superintendent, &
School Board Approval

Paperwork for out-of-state overnight trips MUST be submitted no later than 60 days prior to the trip.

DAY TRIP IN-STATE/NO OVERNIGHT
Assistant Superintendent Approval (ES & MS Only)

The following items must be included in the field trip packet to be approved. Please check each box below once verified and included in the Field Trip Request Packet:

- Overnight Travel – Cabinet Approval Form**
This form is to be utilized for all employees traveling and should be submitted if approved for reimbursement.
- Field Trip Request Form – SCPS Form 412**
Form should be complete to include transportation, lodging, and chaperone details.
- Application for Leave of Absence – SCPS Form 398**
All areas of the form must be completed including the funding source.
- Approved Chaperone/Dividend/Student List**
All chaperones must obtain the appropriate SCPS Dividend clearance prior to traveling overnight. School staff shall verify Dividend clearance through the SCPS Community Involvement Department
- Trip Itinerary**
Provide a detailed listing of the planned schedule for the entire trip.
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THE SCHOOL BOARD OF SEMINOLE COUNTY
OVERNIGHT TRAVEL – CABINET APPROVAL FORM

Name of Traveler: _____ School/Dept: _____

Begin Date: _____ End Date: _____

Total Nights: _____ Total School Days: _____

Destination: _____
City and State

School Days Staff Previously Absent: _____
Current School Year Sick or Personal Time ONLY

DISTRICT OFFICE USE

DATE RECEIVED: _____ CABINET APPROVAL DATE: _____
OVERNIGHT OUT-OF-STATE LOA PAPERWORK SENT TO HR: _____
BOARD MEETING DATE: _____

***PLEASE NOTE:** *This form must be completed for each employee going on an In-State and Out-of-State District-Sponsored trip. This form must be uploaded with all travel documents when submitting reimbursement in PeopleSoft.*



THE SCHOOL BOARD OF SEMINOLE COUNTY
FIELD TRIP REQUEST

Please print or type all information. This form must be completed for all field trips requested. Out-of-state and overnight field trips must also include all items listed on the Field Trip Checklist as well as other documents as directed below.

GENERAL INFORMATION

School: _____ Date Submitted: _____
Organization/Club: _____ Grade Level (s): _____
Teacher/Coach/Sponsor(s): _____
Departure Date: _____ Departure Time: _____
Return Date: _____ Return Time: _____
Destination: _____
City: _____ State: _____
Purpose of the Field Trip/School Sponsored Activity: _____
Financial Arrangements: _____

CHAPERONES & TRANSPORTATION ARRANGEMENTS

Number of Students: (M) _____ (F) _____ Number of Staff/Chaperones _____
Dividend(s) Approved by: _____
 SCPS School Bus Approved Commercial Carrier: _____
 Approved Rental Private Automobile Airline: _____

LODGING (OVERNIGHT ONLY)

Facility Name: _____ Address: _____
City: _____ State: _____

REQUIRED APPROVAL

Please check the box that pertains to this trip:
 In-State/No Overnight- Requires Principal & Assistant Superintendent approval. (Elementary & Middle ONLY)
 In-State Overnight- Requires Principal, Assistant Superintendent & Cabinet approval. (30 Days)
 Out-of-State Overnight- Requires Principal, Assistant Superintendent, Cabinet, & School Board approval. (60 Days)

TEACHER, SPONSOR, COACH VERIFICATION (Please Initial)

_____ I reviewed and obtained supports for students that need medication, specialized communication, transportation, supervision, or any other special needs.
_____ I understand that students shall be supervised at all times during the term of this field trip. If this trip requires an overnight stay, student rooms shall be checked nightly to verify that all students are accounted for.

Teacher Signature: _____ Date: _____

School Principal: _____ Date: _____

Assistant Superintendent: _____ Date: _____



THE SCHOOL BOARD OF SEMINOLE COUNTY
DAY/OVERNIGHT FIELD TRIP/SCHOOL SPONSORED ACTIVITY CONSENT AND RELEASE FORM

This form must be read and signed by Parent/Legal Guardian of minor student(s) or Adult Student for any off-campus field trip or activity.

School/Department: _____ Teacher/Sponsor: _____ Date: _____

DAY Field Trip/School Sponsored Activity **OVERNIGHT** Field Trip/School Sponsored Activity

Student Name: _____ Grade: _____

Field Trip/School Sponsored Activity: _____

Destination: _____

Purpose of Field Trip/School Sponsored Activity: _____

Departure Date: _____ Departure Time: _____ AM / PM (Circle One)

Return Date: _____ Return Time: _____ AM / PM (Circle One)

Cost per Student: _____ Cost per *Chaperone: _____

*All chaperones must be an approved SCPS Dividend. You will be notified if you are selected as a chaperone. Please do not send in chaperone payment until notified.

Transportation Method:

- School Bus Charter Bus Walking Train Rental Vehicle
 Private Vehicle Public Transportation: _____ Transportation Not Provided

Lodging/Accommodations (**OVERNIGHT** Only): _____ Phone Number: _____

Address: _____

Additional Information Attached: _____ YES _____ NO Description: _____

Lunch (Please select one.): _____ Will need a school lunch (Lunch #: _____) _____ Will bring lunch from home

Allergies/Medical Conditions: _____

Medication Required _____ YES _____ NO (For OVERNIGHT, please complete the Student Medication Form):

Medical Insurance Company: _____ Policy/Group Numbers: _____

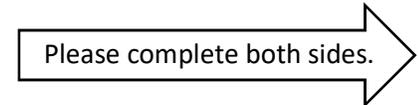
Emergency Contact Information:

Name (Please Print): _____ Relationship: _____

Phone Number: _____ Alternate Phone Number: _____

Name (Please Print): _____ Relationship: _____

Phone Number: _____ Alternate Phone Number: _____





THE SCHOOL BOARD OF SEMINOLE COUNTY
DAY/OVERNIGHT FIELD TRIP/SCHOOL SPONSORED ACTIVITY CONSENT AND RELEASE FORM

I (Please print – Parent/Legal Guardian Name) _____ give consent for my student

(Please print – Student Name) _____ to participate in this Field Trip / School Sponsored Activity.

I, (Please print – Parent/Legal Guardian Name/Adult Student) _____, understand that participation in this field trip/school sponsored activity is voluntary. I acknowledge and understand that there may be some risk involved in participating in this field trip/activity. In consideration, I, the undersigned, on my own behalf and/or on the behalf of my student, forever release the School Board of Seminole County, Florida (the “School Board” or “SCPS”), and any and all employees, agents, and volunteers from any liability for medical expenses, hospital expenses, disability, death, disfigurement, lost wages, diminished earning capacity, mental anguish, and emotional distress arising from this field trip/activity. I acknowledge that I have been informed of the potential for risk of harm or injury in participating in this field trip/activity, therefore, I agree that any insurance I may carry for myself and/or my student will be primary, and/or I will make arrangements, prior to this field trip/activity, to purchase student accident insurance to ensure insurance is available for my student for the duration of this field trip/activity. I understand that if my student is injured or becomes ill, the School Board of Seminole County, Florida, will not be liable unless the injury or illness is the result of gross negligence or intentional misconduct on the part of an employee of the School Board of Seminole County, Florida.

I acknowledge and authorize that my student may be transported to and from the destination for this field trip/activity. I understand that the School Board may or may not be providing transportation using School Board vehicles. In the event the student will be transported in a vehicle other than a school bus or other School Board owned vehicle, and in accordance with School Board policy 8660, each student’s parent/legal guardian shall give prior written consent to the transportation of his/her student in a privately owned vehicle. I further release the School Board from any claim arising from the transportation of my student by me, my student, or a third party.

Parent/Legal Guardian/Adult Student Signature: _____ Date: _____

Completed, signed consent forms and payment must be returned to _____ by _____.
Teacher/Sponsor Name *Date*



SEMINOLE COUNTY PUBLIC SCHOOLS
TEACHER ACKNOWLEDGEMENT FORM

_____ is planning a field trip to _____ on _____.

For the purpose of _____. Student will be absent on _____.

_____ is a member of this class.

This form is to be completed and returned to the teacher in charge of the field trip at least 3 days before the trip.

Period	Teacher Acknowledgement	Current Grade
1st		
2nd		
3rd		
4th		
5th		
6th		
7th		

Parent approval (To be signed AFTER all teachers have signed above)

It is strongly recommended that a student not attend the field trip if it will cause him/her to miss a class in which he/she is failing.

I have reviewed my child's progress in the class he/she will miss, and having determined that this activity is beneficial to my child and give my permission for him/her to go on the field trip described above.

Signature of Parent

Date