

## DAY STUDY TRIP REQUEST CHECKLIST

This form is to assist the sites in making sure all aspects of the study trip request form are completed and should be checked-off, signed by the principal, and attached to *every* study trip packet that is turned in.

**\* ANY TRIPS FOR ACADEMIES MUST BE SENT DIRECTLY TO CAROL BUTCHER'S OFFICE.**

<b>Completed ✓</b>	<b>SCHOOL:</b>
<b>TRANSPORTATION ARRANGEMENTS</b>	
	Completed Chartered Transportation request form
	Copy of confirmation from Chartered Transportation Company, if site, PTA, etc. booked bus directly
	Automobile Transportation request form with all required information
	Walking/Public Transportation request form with all required information
<b>STUDY TRIP DETAILS</b>	
	Day/Date/Hours of Trip: Times of trips are the times of departing and the time you are expected to be back at school site <b>ALL study trips are required to originate and end at the SCHOOL SITE</b>
	Grade/Group
	Total number of students participating. Include a <b><i>numbered</i></b> list of student names (PowerSchool printout or typed list). <b>Make sure adult to student ratio is met.</b>
	Trip Destination – specific location (name, full address and phone number)
	Teacher(s) in charge of group: Full name, cell phone number and e-mail
	Chaperone form with all required information and copies of district badges. A minimum of two chaperones per study trip; a male and a female.
<b>MUNIS</b>	
	If you are using Title 1, SLIB, LEP, ELAP, Discretionary Block Grant, or QEIA monies, please make reference of the school plan and attach a print out of the purchase requisition from MUNIS and note on study trip form.
	Purchase Requisitions for admission fees, BART tickets, etc. should be entered into MUNIS no later than <b>8 weeks</b> in advance of the trip date. We recommend entering them ASAP so that the various departments have time to approve.
<b>OTHER REQUIREMENTS</b>	
	Parent Permission Slip and Waiver of Liability Form must be on file at the school's office prior to the date of the trip. Submit a single copy signed by the teacher and principal (do not turn in copies of all the slips to the ED's office, just 1 copy of the original that gets sent out to the students)
	Educational Value : Include standard reference number/s and a brief explanation of how trip relates to classroom activity-Attach additional sheet if necessary
	Copy of the lunch request form submitted to Nutrition Center per that department's timeline. <i>(Mandatory for Title 1 Schools)</i>
	Original study trip request form signed by Principal ( <b>Signature indicates all paperwork is in order</b> )
<b>COMMENTS:</b>	



\_\_\_\_\_  
Signature of Principal verifying all necessary paperwork is complete, current, and attached.

**\* Please remember that if there are any emergencies causing a necessary change to the original submitted study trip, the ED's office must be notified immediately.**

# WCCUSD STUDY DAY TRIP REQUEST FORM (Form must be typed)

No late or incomplete requests will be accepted. Study trips need pre-approval during CST testing periods.

**LAST DATE FOR SUBMISSION OF STUDY TRIP:** APRIL 28, 2017 (4th Friday in April)

**LAST DATE FOR STUDY TRIP TO BE TAKEN:** MAY 26, 2017 (4<sup>th</sup> Friday in May)

<b>SCHOOL:</b>	<b>Date of Submission:</b>
<b>TYPE OF TRIP: Check appropriate box(es)</b>	

<input type="checkbox"/> Chartered Transportation	(Bus reserved by school/PTA/Transportation office, etc.)	25 school days prior to trip date
<input type="checkbox"/> Automobile	(Driving to and from destination)	25 school days prior to trip date
<input type="checkbox"/> Public Transportation	(BART, Bus, Amtrak, etc.)	15 school days prior to trip date
<input type="checkbox"/> Walking		15 school days prior to trip date

**TRIP AND CHAPERONE INFORMATION:**

**ALL trips must start AND end at the school site. Minimum of 2 Chaperones; a female and a male per study trip**

**Adult to Student Ratio: Pre-School (1:3), K-3 (1:5) & 4-12 (1:10)**

<b>Date of Trip:</b>	<b>Time Leaving School:</b>	<b>Grade(s)/Group:</b>	<b>Total number of students participating</b> (must match student list) <input style="width: 50px;" type="text"/>
<b>Trip Destination Name:</b>	<b>Teacher in Charge of Group:</b>	<input type="checkbox"/> A numbered list of students is attached (PowerSchool Printout or typed list)  <b>Number of classes attending this trip</b>	
<b>Address:</b>	<b>Name:</b>		
<b>City:</b>	<b>Cell Phone:</b>		
<b>Phone:</b>	<b>Email:</b>		
<b>Total Number of Chaperones accompanying the group including teachers:</b> <input style="width: 50px;" type="text"/>			<input type="checkbox"/> Chaperone form and copy of badges attached

**TRANSPORTATION ARRANGEMENTS:**

<input type="checkbox"/> <b>Chartered Transportation</b>	<b>CHARTERED TRANSPORTATION REQUEST FORM:</b> All requests using district funds <b>must</b> be booked through the Transportation Office. Completed Chartered Transportation request <b>must</b> be attached to study trip request.	
<input type="checkbox"/> <b>Completed form attached or Confirmation Form attached</b>	<b>FUNDING SOURCE:</b> Requests using other funding sources (i.e. PTA) must be booked by trip organizer and paid for at the site level. Funding source <b>MUST</b> be indicated.	<b>FUNDING SOURCE/ACCOUNT CODE:</b>
	<b>COMPANY:</b> <b>Attach confirmation from chartered transportation company.</b> Must be from District approved list as indicated on Bulletin.	<b>COMPANY NAME AND CONTACT:</b>
<input type="checkbox"/> <b>Automobile</b>	<b>AUTOMOBILE TRANSPORTATION FORM:</b> Form must be completed with driver's information attached. Valid California Driver's license and insurance requirements are mandatory.	<input type="checkbox"/> Completed form attached. <input type="checkbox"/> Valid driver's license and insurance attached
<input type="checkbox"/> <b>Public Transportation</b>	<b>TYPE OF PUBLIC TRANSPORTATION (BART, BUS, AMTRAK, FERRY):</b> Funding source required if transportation tickets/arrangements are to be purchased using District funds. Funding source <b>MUST</b> be indicated even if using other funding, i.e., PTA, Approved Fundraiser, etc. <b>PR's should be initiated at least 8 weeks in advance of the trip.</b>	<b>Funding Source/ Account Code:</b>  <b>MUNIS Req/PO #</b>
<input type="checkbox"/> <b>Admission Fees</b>	<b>FEES TO DESTINATION, I.E., ZOO, THEATER, MUSEUM, ETC.:</b> Funding source required if tickets are to be purchased using District funds. Funding source <b>MUST</b> be indicated even if using other funding, i.e., PTA, Approved Fundraiser, etc. <b>PR's should be initiated at least 8 weeks in advance of the trip.</b>	<b>Funding Source /Account Code:</b>  <b>MUNIS Req/PO #</b>

**EDUCATIONAL VALUE:**

Must include standards reference number and a brief explanation of how the trip relates to the classroom activity. Attach additional sheet if necessary.  
**Standards Number(s):**

<b>Substitute(s) Requested:</b>	<b>FOR SECONDARY SITES ONLY</b> SUBSTITUTES NEEDED FOR TEACHERS ON STUDY TRIPS:	Funding Source Account Code: Substitutes Needed for ____ paid periods
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STUDY TRIP REQUEST FORM **MUST** HAVE PRINCIPAL'S SIGNATURE AND FUNDING SOURCE INDICATED **BEFORE** SENDING TO THE EXECUTIVE DIRECTOR'S OFFICE. INCOMPLETE STUDY TRIP REQUESTS WILL BE **RETURNED** AND WILL RESULT IN **DELAY** IN PROCESSING OR DENIAL OF REQUEST. APPROVALS WILL BE SENT BACK VIA EMAIL TO SECRETARY/OFFICE MANAGER AND PRINCIPAL.

**APPROVALS:**

_____	_____	_____
Principal Signature	Date	
_____	_____	_____
Executive Director	Signature	Date
_____	_____	
Funding Authorization Dept.	Date	

**EXECUTIVE DIRECTOR OFFICE USE ONLY:**

Received: \_\_\_\_\_

Approval Sent: \_\_\_\_\_

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