1 MONTH PRIOR TO FIELD TRIP DATE:
- Submit online Field Trip Request Form.
- Provide class rosters to school nurse.

2 WEEKS PRIOR TO FIELD TRIP DATE:
- A field trip notification will be emailed to requestor the regarding approval status.
- Permission slips printed at front office.

3 DAYS PRIOR TO FIELD TRIP DATE:
- Turn in permission slips to Marie Avila/Front Office.

Monroe Clark Middle School
FIELD TRIP REQUEST FORM

FIELD TRIP DAY
- Provide final attendance rosters to attendance office, cafeteria, and nurse.

RETURN FORM TO MARIE AVILA VIA EMAIL mavila@sandi.net

ADMIN APPROVAL MAY TAKE UP TO 3 WEEKS.

REQUESTER'S INFORMATION

Today's Date: _____ **Requester:** _____ **Phone:** _____

FIELD TRIP INFORMATION

Field Trip Date: _____ **Field Trip Name:** _____

Destination Name: _____ **Address:** _____

Purpose of Field Trip: _____

REQUIRED: One adult chaperone is required for every 30 students. It's field trip Coordinator(s) responsibility to find chaperone(s).

Chaperone Name: _____ **Phone:** _____

Chaperone Name: _____ **Phone:** _____

Chaperone Name: _____ **Phone:** _____

Period(s) Participating: _____ **Total Number of Students Attending:** _____

Will a substitute teacher be needed? ☐ Yes ☐ No Substitute Teacher cost $191.25 per day

How many substitute teacher(s) needed? _____ @ $191.25 per day **Total: $** _____

OFF SITE LUNCHES

Off Site Lunches Needed? ☐ Yes ☐ No **How Many Needed?** _____ **Pickup Time:** _____

TRANSPORTATION

Transportation will be provided by: ☐ School Bus $210 ☐ Own Transportation ☐ Walking ☐ Paid by Another Resource

School Bus Size: Large bus seats 58 Qty: _____ Small bus seats 36 Qty: _____ W/C bus seats 16 and 3 wheel chairs Qty: _____

Total Cost for Bus: $ _____ **Bus Reimbursement:** ☐ Yes ☐ No

Bus Pickup Time at Clark: _____ **Destination Bus Pickup Time:** _____

For private transportation, please provide a copy of vehicle insurance declaration.

Comments: _____

_____

How will field trip be funded? _____ **Total Cost of Field Trip: $** _____

Signature: _____

OFFICE USE ONLY

Approved By: ☐ Ms. Hendricks _____ ☐ Mr. Pham _____ ☐ Ms. Meredith _____

Funding for Substitute(s): ☐ 00000-1192 ☐ 30100-1192 ☐ 09800-1192 ☐ Other _____ ☐ N/A

Funding for Bus: ☐ 00000-5735 ☐ 30100-5735 ☐ 96000-5735 ☐ Other _____ ☐ N/A

Comments: _____

_____

☐ Outlook Calendar

☐ Cafeteria Notified

☐ Nurse Notified

☐ Class Rosters Received

☐ Transportation Reimbursement

☐ Permission Slips Printed

☐ Transportation Confirmed Trip ID: _____

☐ Billing Information Received

☐ AP Invoiced

Payment Received Ck # _____

SAN DIEGO UNIFIED SCHOOL DISTRICT
AUTHORIZATION FOR STUDENT PARTICIPATION
ONE-DAY OR SEASONAL ACTIVITY

Monroe Clark Middle School **Activity Coordinator:** _____

Trip Date: _____ **Field Trip To:** _____
Departure Time: _____ **Return Time:** _____

Transportation provided by: ☐ Bus ☐ Private vehicle ☐ Walking ☐ Other _____

It is necessary that the parents specifically authorize that their child be included in the activity. Supervision for this event will be furnished by the school, but parents should understand that supervision will end at the time slated above. The school will take every precaution to assure the welfare and safety of your son/daughter participating in this activity. However, it is important that you understand that the school cannot assume financial or legal liability in case of injury or accident. Low cost student accident insurance is available; also, additional low cost insurance is available for students participating in interscholastic athletics. Please call or write the school office for information.

Cold sack lunches are available from the school cafeteria. Students who qualify may receive meals free or at reduced price.

If you wish your son/daughter to participate in the above described activity, please complete the request for participation form below, and return it to the school immediately.

_____
Nicole Hendricks, Principal

PARENT AUTHORIZATION FOR PARTICIPATION

I, the undersigned, authorize my son/daughter _____
(Name of student)

to participate in _____
(Name of activity)

California law (Education Code Section 35330) provides that any person making a field trip or excursion waives all claims against the school district and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.

_____ _____
Date Signed **Parent/Guardian Signature**

Emergency Contact: _____ **Relationship:** _____

Phone: _____ **Alternate Phone:** _____

DISTRITO ESCOLAR UNIFICADO DE SAN DIEGO
AUTORIZACIÓN PARA LA PARTICIPACIÓN DEL ESTUDIANTE EN UNA ACTIVIDAD DE TEMPORADA O DE UN DÍA

Monroe Clark Middle School **Patrocinador de la actividad:**

Nombre de la actividad: _____

Fecha _____ **Hora de salida:** _____ **Tiempo de vuelta:** _____

El medio de transportación será por: ☐ Autobús escolar ☐ Vehículo privado ☐ Para caminar ☐ Otro _____

Es necesario que los padres de familia o tutores específicamente autoricen la inclusión de su hijo/a en esta actividad. La escuela supervisará este evento pero deben estar enterados los padres que dicha supervisión terminará en la fecha y hora indicada. La escuela tomará las precauciones necesarias para garantizar el bienestar y la seguridad de su hijo/a durante esta actividad. Sin embargo, es muy importante aclarar que la escuela no tendrá responsabilidad legal o financiera en caso de lesiones o accidentes. Si los padres desean pagar por un seguro escolar económico que cubre accidentes, está a su disposición, lo mismo que un seguro económico para los estudiantes que participan en deportes inter-escolares. Favor de llamar o escribir a la oficina de la escuela si desea información.

Los alumnos pueden comprar cajitas con almuerzos en la cafetería. Los alumnos elegibles podrán recibir almuerzo gratuito o a precio reducido.

Si desea que su hijo/a participe en la actividad descrita arriba, llene la solicitud de participación de abajo y envíela a la escuela inmediatamente.

_____
Nicole Hendricks, Directora

AUTORIZACIÓN FAMILIAR PARA PARTICIPACIÓN DEL ESTUDIANTE EN UNA ACTIVIDAD ESCOLAR

Por este medio autorizo que mi hijo/hija _____ participe
(Nombre del estudiante)

En _____
(Descripción de la actividad)

La ley de California estipula (Código de Educación 35330) que cualquier persona que participe en un viaje de estudios o excursión se desista de todas las demandas o quejas en contra el distrito escolar o el estado de California como consecuencia de cualquier lesión, accidente, enfermedad o muerte que pudiera ocurrir durante o por la actividad.

_____ _____
Fecha de la firma(s) Firma(s) del padre(s) de familia o tutor(s)

Contacto de Emergencia: _____ **Relación:** _____

Teléfono: _____ **Teléfono Alternativo:** _____