

231-AR-2. CLASS TRIP REQUEST FORM

Faculty Advisor: \_\_\_\_\_ Submission Date: \_\_\_\_\_

Class Participating: \_\_\_\_\_ Trip Dates: \_\_\_\_\_

Destination: \_\_\_\_\_

Time of Departure: \_\_\_\_\_ Time of Return: \_\_\_\_\_

Number of Staff Participating: \_\_\_\_\_ Number of Substitutes Required: \_\_\_\_\_

Number of Students Participating: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Number of Chaperones Participating: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Method of Transportation: \_\_\_\_\_ Cost of Transportation: \_\_\_\_\_

Cost Per Student Excluding Transportation: \_\_\_\_\_

Educational Arrangements For Students Not Participating: \_\_\_\_\_

Provisions Made For Medical Emergencies: \_\_\_\_\_

How will students' personal money be refunded if class trip is cancelled? \_\_\_\_\_

Activities Planned: \_\_\_\_\_

Educational Value of Planned Activities: \_\_\_\_\_

Attach to this form a completed financial statement for the proposed trip and a detailed itinerary of the planned trip, including intermediary destinations, rest stops, activities, plans for meals, chaperones and housing arrangements.

PERSON IN CHARGE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Signature)

PRINCIPAL APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

(Signature)

APPROVED: Yes or No

SUPERINTENDENT: \_\_\_\_\_

(Signature)

**BOARD APPROVAL** (If Applicable or Out of State Trip):

**BOARD SECRETARY:** \_\_\_\_\_  
(Signature)

**BOARD APPROVAL DATE:** \_\_\_\_\_

# EVERETT AREA SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: May 20, 2019

REVISED:

## 231-AR-1. CLASS TRIPS

Class trips will be planned by the officers and class members, with the assistance of the faculty advisor.

The faculty advisor will submit a completed request form for a class trip, with accompanying documentation, to the building principal.

The Superintendent will make the final decision regarding approval of a proposed class trip.

Once a trip is approved, the faculty advisor is responsible for planning; arranging details such as site booking, transportation, chaperones, activities, etc.; and communicating with participating students and parents/guardians. This responsibility cannot be delegated to anyone not associated with the district.

The faculty advisor will distribute forms for parental permission and medical information and will collect and maintain the signed and completed forms for the duration of the class trip.

The approved class trip is an extension of the school, and Board policies, administrative regulations, Code of Student Conduct and school rules apply to students and staff.

A nurse will be assigned/contracted to accompany the trip, if deemed necessary.

The faculty advisor will ensure that an appropriate number of male and female chaperones accompany students throughout the class trip. This number must be approved by the building principal.

# EVERETT AREA SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: May 20, 2019

REVISED:

## 231-AR-3. CLASS TRIP FINANCIAL STATEMENT

### Cost Per Student

- 1. Transportation. \_\_\_\_\_
  - 2. Lodging. \_\_\_\_\_
  - 3. Food. \_\_\_\_\_
  - 4. Participation Fees. \_\_\_\_\_
  - 5. Miscellaneous. \_\_\_\_\_
- List miscellaneous costs: \_\_\_\_\_

Number of students participating: \_\_\_\_\_

Total cost for students: \_\_\_\_\_

### Cost Per Adult

- 1. Transportation. \_\_\_\_\_
  - 2. Lodging. \_\_\_\_\_
  - 3. Food. \_\_\_\_\_
  - 4. Participation Fees. \_\_\_\_\_
  - 5. Miscellaneous. \_\_\_\_\_
- List miscellaneous costs: \_\_\_\_\_

Number of adults participating: \_\_\_\_\_

Total cost for adults: \_\_\_\_\_

Funds accounted for: \_\_\_\_\_

Funds needed from district: \_\_\_\_\_

ADMINISTRATIVE REGULATION

APPROVED: May 20, 2019

REVISED:

# EVERETT AREA SCHOOL DISTRICT

## 231-AR-4. CLASS TRIP PARENTAL PERMISSION/MEDICAL INFORMATION FORM

Dear Parent(s)/Guardian(s):

Completing and signing this parental permission/medical information form will assure proper

supervision of your child. The Class of \_\_\_\_ will be traveling to \_\_\_\_\_  
(Destination)

under the supervision of \_\_\_\_\_ and \_\_\_\_\_ chaperones.  
(Faculty Advisor)

Date/Time/Place of Departure: \_\_\_\_\_

Date/Time/Place of Return: \_\_\_\_\_

Your student will be participating in activities that include: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate below your approval for your child to participate in the class trip and return the completed form to the designated faculty advisor responsible for the trip by

\_\_\_\_\_  
(Date)

I/We do approve participation in the class trip by \_\_\_\_\_  
(Student Name)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

231-AR-4. CLASS TRIP PARENTAL PERMISSION/MEDICAL  
INFORMATION FORM - Pg. 2

STUDENT MEDICAL INFORMATION

Student: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

Emergency Contact Telephone Number: \_\_\_\_\_

Student's Medical Issues: \_\_\_\_\_

\_\_\_\_\_

Medications Needed: \_\_\_\_\_

\_\_\_\_\_

Medical Insurance: Company: \_\_\_\_\_

Group Number: \_\_\_\_\_ Agreement Number: \_\_\_\_\_

I/We, \_\_\_\_\_ parent(s)/guardian(s) of

\_\_\_\_\_, do hereby execute the following

(Print Student's Name)

agreement:

I/We agree to indemnify and release the school district, designated staff member and chaperones from liability for any injuries incurred during the class trip.

I/We grant permission to a nurse, physician or hospital to administer medical services and/or medication to my child.

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
Date

ADMINISTRATIVE REGULATION

APPROVED: May 20, 2019

REVISED:

# EVERETT AREA SCHOOL DISTRICT

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under the supervision of \_\_\_\_\_ and \_\_\_\_\_ chaperones.  
(Faculty Advisor)

Date/Time/Place of Departure: \_\_\_\_\_

Date/Time/Place of Return: \_\_\_\_\_

Your student will be participating in activities that include: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate below your approval for your child to participate in the class trip and return the completed form to the designated faculty advisor responsible for the trip by

\_\_\_\_\_  
(Date)

I/We do approve participation in the class trip by \_\_\_\_\_  
(Student Name)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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INFORMATION FORM - Pg. 2

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\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
Date