



NON-ATHLETIC TRIP REQUEST FOR ADMINISTRATOR APPROVAL

ALL STAFF:

School: _____ Class/Organization: _____

Type of Trip: + ++ (Check One below)

Day Trip _____ Overnight Trip _____ Extended Trip _____ Out-of-State Trip _____

Destination: _____ Number of Students: _____

Purpose of Trip: _____

Departure Date: _____ Departure Time: _____

Return Date: _____ Return Time: _____

Advisor: _____ Emergency Contact Phone #: _____

Number of Chaperones: _____ (Staff _____ Parents _____ Other Adults _____)

Note: Volunteer criminal background checks are required and may take several weeks to process.

Funding for Trip ++ (check one):

_____ District _____ Student Body _____ Private _____ Fundraiser++ _____ Combination (attach explanation)

Estimated Costs

Transportation _____ **School** _____ **Private** _____

Lodging _____ Food _____ Entry Fees _____ Other: _____

TOTAL _____ **COST/STUDENT** _____

Please provide, attached to this application, the following information:

1. **Itinerary** _____ (check)
2. **Potential Hazard Identification** _____ (check)
 - a. A brief paragraph description of the event – enough information for full disclosure of potential hazards of the event.
 - b. A brief list of potential significant hazards – this would include hazards beyond normal, daily activities.
 - c. After each potential identified hazard, indicate what actions have been taken to mitigate the hazard.

SPECIAL EDUCATION STAFF:

Supervisory Ratio:

_____ Number of Certified Staff attending: ___ M ___ F ___ # of certified staff staying behind

_____ Number of Classified Staff attending: ___ M ___ F ___ # of certified staff staying behind

APPROVED _____	DENIED _____	Principal _____	Date _____
+ SPECIAL ED STAFF: (LifeSkills Classroom, Tamarack, Trans. Co-op, BRC, BTP, Teachers bringing student(s) with serious medical or physical issues) must have approval from Director of Special Programs in advance of a trip. (Office use only: Copy to Special Programs Front desk secretary)			
APPROVED _____	DENIED _____	Director of Special Programs _____	Date _____
++ Out-of-state trips or those requiring special fundraising activities must also be approved by the Superintendent in advance.			
APPROVED _____	DENIED _____	Superintendent _____	Date _____

BEND LAPINE SCHOOLS
REQUEST FOR FUNDRAISING ACTIVITY

Instructions for this form

1. Fill out Part 1 and submit to the Principal for approval. You **MUST** receive Principal approval on all fundraising activity prior to starting the fundraiser.
2. Complete the necessary cash receipt forms during the activity.
3. At the end of the fundraiser, fill out Part 2 of this form and submit to the Office Manager or Bookkeeper along with the cash receipt forms.

SCHOOL BOARD POLICY: No school or school-related student group is authorized to conduct any type of door-to-door solicitation for the school group. However, this policy shall not so restrict such activities conducted in the student's home, or in the homes of relatives or close friends.

PART 1 - Complete this section and submit to Principal for approval BEFORE event

Name of Club or Activity _____

Advisor Name _____

Vendor (if selling product) _____

Purpose of Fundraiser (provide detail on how the money will be spent) _____

Description of Fundraising Activity (what are you selling / doing?) _____

Dates of Fundraiser Begin: _____ End: _____

Estimated Amount to be Raised _____

Estimated Expenses _____

Part 2 - Complete this section at completion of fundraiser

Total revenues collected _____

Total expenditures _____

Amount and description of product not sold (i.e. product lost, given away, returned etc.) _____

Principal's authorization: This request is _____ Approved _____ Denied

Reason for denial _____

Principal's Signature _____

Original: Office Manager or Bookkeeper

Copy: Advisor - to be returned upon completion of activity

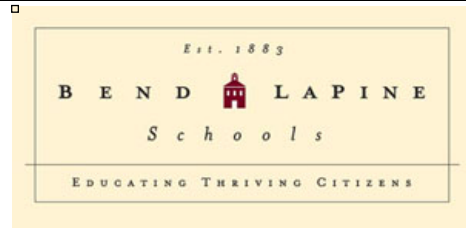
TRIP GUIDELINES

1. At least one of the supervisors/chaperones must be a district employee.
2. Overnight trips and camps related to school programs must have at least one staff supervisor/adult chaperone for every 15 middle/high school students, and 10 elementary school students.
3. Whenever students of both genders participate on an overnight trip or camp, supervisors/chaperones shall be both male and female, representing the gender make-up of student participants. Gender balance of supervisors/chaperones is highly encouraged on all excursions.
4. Trips where students compete in the name and/or uniform of a school or which are sponsored by a school program constitute school trips. All regulations outlined in IICAA-AR, District-Sponsored Student Activity and Athletic Travel, shall be followed.

BEND-LA PINE SCHOOLS

Office of Student Safety

520 NW Wall Street
Bend, OR 97701-2699
(541) 355-1020
FAX (541) 355-1030



NON-ATHLETIC TRIP PERMISSION SLIP

Trip Information

School/Center: _____

Class/Group: _____ **Number of Students** _____

Destination: _____

Date(s) of Trip: _____ The trip is scheduled to depart at _____ on _____
(date) (time) (date)
, and to return at approximately _____ on _____.
(date) (time) (date)

The field trip will involve the following activities: (Describe in detail below.)

Name(s) of Teacher(s), Coach(es), Chaperone(s): _____

Name of Site Contact: _____ Phone Number: _____

Mode(s) of Transportation (i.e. Walking, school bus, BAT, private vehicle, charter bus, etc.):

Cost(s) to Student (if any): _____

Specify items student needs to bring: _____

(OVER for Parent/Guardian Authorization)

NON-ATHLETIC TRIP PERMISSION SLIP
Parent / Guardian Authorization

I hereby grant permission for my daughter/son/ward _____
(Name of Student)

to participate in the trip to : _____ Date(s): _____

- This trip is an optional activity and attendance by your student is not required. An alternative activity at school will be provided if you do not give permission for your student to participate. Your student will be expected to make up any missed work in other classes due to this trip.
- This trip is a requirement of the music program in which your student is enrolled. Failure to attend and/or participate may have an impact on his/her course grade.
- 1. I understand all students going on the trip will be responsible to the supervisors for their conduct and are subject to all rules and regulations of the school and Bend-La Pine Schools (District).
- 2. I understand students are required to go and return from this event on the transportation provided, unless prior arrangement has been made and agreed to in writing by the school administrator or teacher. Trips begin and end at the school of origin or designated location.
- 3. I understand there will be times during the trip when an adult may not accompany my student or the ratio of students to adults may be more than 15 to 1.
- 4. I hereby acknowledge I have been advised activities involved with some trips may be inherently dangerous.
- 5. I understand there is no insurance provided by the school or District for this trip although the District has made student accident insurance available for purchase at my expense.

Authorization to treat minor: In the event I cannot be contacted, I hereby give permission to the school staff to secure proper treatment for my student and agree to be financially responsible for any expenses incurred for any necessary treatment resulting from this trip. I have read and understand the trip information materials.

Parent/Guardian Phone: _____ Alternate Phone: _____

Emergency Contact Person: _____ Emergency Contact Phone: _____

List any medical needs or conditions of student: _____

Private Transportation Information (if transportation for the trip is by private vehicle, please check methods below that you are approving for your student):

- ride with another student drive self only drive other students ride with an adult only

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

FOR HIGH SCHOOL ONLY: With the school's approval, high school students may wish to transport themselves to and from the trip destination. If this option applies to your student and you approve, please initial the options below. Under this option, the School and the District will not be liable for any incidents that may occur. Otherwise, the student will leave and arrive with the trip supervisors. My student has permission to transport him/herself as indicated below:

_____ My high school student will arrive at the destination on his/her own.
(initials)

_____ My high school student will leave the destination on his/her own.
(initials)