

SCHOOL-SPONSORED TRIPS

San Leandro Unified School District

BOARD OF EDUCATION POLICIES REGARDING FIELD TRIPS

1. One-day trips: The approval is given by the school administrator or Principals' Cabinet prior to the trip. The necessary information must be submitted at least **two weeks prior** to the trip.

2. In-state, overnight trips: Approval must be given first by the principal, then by the Assistant Superintendent of Education Services. All information must be submitted to the district at least **four weeks prior** to the actual trip so that approval can be obtained.

3. Out-of-state, overnight trips: Approval must be obtained from the Board of Education. In order to obtain approval for trips in this category, all information must be submitted three months prior to the trip. **NO EXCEPTIONS CAN BE MADE TO THIS PROVISION.**

4. Trips which include swimming or wading: Approval must be obtained by the Superintendent or Assistant Superintendent of Educational Services. All information must be submitted at least **four weeks prior** to the actual trip. Parent/legal guardian must provide written permission for the student to swim and must indicate the student's swimming ability.

Instruction
SCHOOL-SPONSORED TRIPS

E(2) 6153

San Leandro Unified School District
**PARENT/LEGAL GUARDIAN PERMISSION FOR STUDENT PARTICIPATION IN
OFF-CAMPUS SCHOOL-SPONSORED EVENTS**

_____ has my permission to attend _____
(Name of Student) (activity/event)

which will take place at: _____

Date of event: _____ Class or group attending: _____

Teacher or leader: _____

Method of transportation: _____

If traveling by automobile/van; name of driver: _____

1. I understand that all students going on this trip will be responsible in conduct to the bus driver, to teachers or adult sponsors. It is further understood that students will go and return from the event on the transportation provided and that every reasonable caution will be maintained on the trip.
2. I hereby acknowledge that I have been advised that the activities involved in this excursion/field trip or event are _____ are not _____ considered by the district to be of "high risk" to the participants.
3. I further understand that this is a voluntary activity and if I choose not to have my student participate, he/she will be provided with alternative instruction during the regular school hours.

(Date) (Parent or Legal Guardian Signature)

WAIVER OF CLAIM
(To be Completed for Out-of-State Events Only)

In granting permission to attend, I do hereby waive all claims and hold harmless the individual sponsors, the San Leandro Unified School District, and the State of California for any injury, accident, illness, death, or any loss or damage to personal property occurring during or by reason of this excursion/field trip or event.

(Date) (Parent or Legal Guardian Signature)

Instruction
SCHOOL-SPONSORED TRIPS

E(3) 6153

San Leandro Unified School District
FIELD TRIP PERMISSION FORM

School Name: _____

Room # _____

Date: _____

Dear Parent/Legal Guardian:

Our class will be going on a field trip to _____
on _____. Each child will need to bring the
following:

Please be sure your child is dressed appropriately. Your child should wear comfortable walking shoes (no sandals or open shoes).

Please check the appropriate box below, sign and return this form. Your child will not be allowed to participate unless this form is completed and returned prior to the field trip.

Teacher

Tear off and return bottom portion

Yes, _____ has my permission to go on the field trip.
Student Name

No, _____ may not go on the field trip.
Student Name

I am available to chaperone, please call me at _____
Daytime telephone number

Parent/Legal Guardian Signature _____ Date: _____

Teacher Name _____ Room # _____

Exhibit
version reviewed: August 19, 2003

SAN LEANDRO UNIFIED SCHOOL DISTRICT
San Leandro, California

Instruction
SCHOOL-SPONSORED TRIPS

E(4) 6153

San Leandro Unified School District
STUDY/FIELD TRIP APPROVAL FORM

Name of School: _____ Date: _____

_____ Number of students: (males) _____ (females) _____
Name of Group

Teacher(s): _____ Classes taken: Periods 1, 2, 3, 4, 5, 6
(if applicable) (circle)
_____ Substitute need for: 1, 2, 3, 4, 5, 6
(if applicable) (circle)

Destination (Location): _____

Address: _____

Dates of Trip: Leave School: _____ Time: _____

Return to School: _____ Time: _____

Purpose of Trip: _____

Chaperones Names: (males) _____

Chaperones Names: (females) _____

Types of transportation: **(Appropriate forms must be completed.)**

Charter Bus: _____ Cost: _____

(See Business Services for current approved listing)

Private Car: _____ *(Students must have parent permission to drive (Insurance form needed) and are not to drive outside the immediate area.)*

Other: _____ Note Specifics: _____

All anticipated absence forms (if necessary), parent approval forms, medical forms, emergency phone numbers and other appropriate information must be submitted to the office of the Principal prior to departure.

Approval: _____ Date: _____

Signature of Principal

For Overnight Trips Only: _____ Date: _____

Signature of Superintendent or designee

Board Approval Date: _____ (If Applicable). If request is denied, reason(s) for denial: _____

E(4a) 6153 Study/Field Trip Checklist must accompany this form

Exhibit
version: August 19, 2003
version: December 2, 2008

SAN LEANDRO UNIFIED SCHOOL DISTRICT
San Leandro, California

**INSTRUCTION
SCHOOL-SPONSORED TRIPS**

E(4a) 6153

San Leandro Unified School District
STUDY/FIELD TRIP CHECKLIST

(Must be submitted with Study/Field Trip Approval Form E(4) 6153)

Name of School: _____ Name of Group: _____

Contact Person: _____ Phone # _____

Date of Trip: _____ Location of Trip _____

Please check the following requirements completed for which you are responsible to ensure students and staff a safe study/field trip:

- Arranged for substitutes (if applicable)
If sub required, how will cost be covered? _____
- Volunteer Requirements met
- Funding for trip
- Transportation
- Proof of Insurance for transportation
- Certificate of Insurance/Proof of Liability (for SLUSD or Organization)
if required
- Required Chaperone Ratio (male and female)
- Signed Permission Slips
- Sleeping Arrangements (overnight/out-of-state trips):
Type: _____

Exhibit
version: November 4, 2003
version reviewed: December 2, 2008
version: July 19, 2011

SAN LEANDRO UNIFIED SCHOOL DISTRICT
San Leandro, California

Instruction – School-Sponsored Trips

E(5) 6153

San Leandro Unified School District
**TRANSPORTATION OF STUDENTS IN PRIVATELY OWNED VEHICLES
CERTIFICATE AND AUTHORIZATION**

I have agreed to use my private automobile for transporting students to school-related activities. I certify that I possess a valid California Driver’s License and that I have presently in force automobile liability coverage. I also accept the terms of the Indemnity Provision stated below

School: _____ Driving for: _____ Date(s) _____
(Teacher/Program)

Name of Driver: _____ Driver’s License No. _____

Address of Driver: _____ Home Phone No. _____

Make of automobile: _____ Year/Model/Style: _____

Automobile License No. _____

Name of Insurance Company/Policy No. _____

(proof of insurance must be presented with this form)

SEAT BELTS REQUIRED TO BE USED BY ALL OCCUPANTS

I have met the minimum insurance requirements per occurrence as listed below or have umbrella coverage of at least \$500,000:

Bodily Injury Liability:
Each Individual \$100,000
Total Each Accident \$300,000
Property Damage Liability:
Total Each Accident \$ 25,000
Medical Payments:
Each Individual \$ 5,000
Uninsured Motorist Coverage:
Each Individual \$100,000
Total Each Accident \$300,000

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| <p>FOR SCHOOL USE ONLY</p> <p>Authorized by responsible school official.</p> <p>Approved by: _____ Signature</p> <p>Date: _____</p> |
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Drivers should be aware that although there is a liability insurance policy in the District, it is the individual driver’s own auto liability insurance that must provide the coverage in case of an accident. See Insurance Code 11580.1. In the event of an accident, the driver shall notify a school official and complete a District accident form.

INDEMNITY PROVISION*

- * Student Drivers shall not transport other students on authorized field trips.
- * The Driver agrees and accepts his/her obligation to operate, manage and control his/her vehicle in a safe and lawful manner while transporting students pursuant to this Certificate and Authorization.
- * The Driver further agrees to DEFEND AND INDEMNIFY The San Leandro Unified School District from any claim, action or lawsuit brought by anyone which arises out of, or is in any way connected to the operation of the vehicle pursuant to this Certificate and Authorization.

Signature of Driver

Date

DISTRIBUTION: Original – Driver Second copy – School Third copy – Business Office

Exhibit
version reviewed: August 19, 2003
version reviewed: December 2, 2008

SAN LEANDRO UNIFIED SCHOOL DISTRICT
San Leandro, California