**LAKE SHORE PUBLIC SCHOOLS**

**28850 HARPER**

**ST. CLAIR SHORES, MI 48081**

**FIELD TRIP REQUEST/APPROVAL**

The Board shall approve field trips and other district-sponsored trips which take students more than 150 miles from the district or keep students out of the district overnight or longer.

**Professional Staff Member:** Complete and forward to your principal. Include all pertinent information. Some questions may not apply to your trip. Do not make trip commitments until your approved copy has been returned to you.

**Principal:** If approved, forward to Educational Services. If Board approval is required submit field trip request form and any pertinent information by the 15th of the month. We will return approved/denied copy to you. You must notify the teacher.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TEACHER: | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| SCHOOL: | |  | | | | | | | | | | | | | | | | | | GRADE: | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| DESTINATION: | | | | |  | | | | | | | | | | | CLASS/CLUB | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| DATES: |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| NUMBER OF SCHOOL DAYS THAT WILL BE MISSED: | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| PURPOSE OF TRIP: | | | | | | | | | | | | | | | | | | | | | | | |
| TRANSPORTATION: (Mode/carrier with address and phone number): | | | | | | | | | | | | | | | | | | | | | | | |
| COST PER STUDENT: | | | | | | | $ | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| TRAVEL AGENCY (with contact name, address and phone number): | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| NUMBER OF STUDENTS ATTENDING: | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| ACCOMMODATIONS: (Name, address and phone number): | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| SOURCE OF FUNDS: | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| CHAPERONES: | | | | | | Staff: | |  | | | | | | | | | | | | | | | |
|  | | | | | | Parents: | |  | | | | | | | | | | | | | | | |
|  | | | | | | Others: | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| ITINERARY (List here or attach): | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| CURRICULUM CONNECTIONS: | | | | | | | | | | | | | | | | | | | | | | | |
| SPECIFIC LEARNING OBJECTIVES TO BE ACCOMPLISHED: | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| STUDENT BEHAVIORS THAT WILL CONFIRM ACHIEVEMENT OF THE LEARNING OBJECTIVE: | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| PRE-TRIP LESSONS/ACTIVITIES TO BE DONE IN THE CLASSROOM: | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| POST TRIP LESSONS/ACTIVITEIS/EVALUATIONS TO BE DONE IN THE CLASSROOM: | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| INSURANCE: List detail or attach copies: | | | | | | | | | | | | |  | | | | | | | | | | |
| Carrier Liability: | | | | | | | | | | |  | | | | | | | | | | | | |
| Agent, guide, tour group, liability: | | | | | | | | | | |  | | | | | | | | | | | | |
| Purchased trip cancellation insurance: | | | | | | | | | | |  | | | | | | | | | | | | |
| Purchased medical insurance: | | | | | | | | | | |  | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | | | | | | | | |
| * *When planning a field trip, the professional staff member responsible for organizing the trip will pursue an agency that provides the most comprehensive trip cancellation insurance policy whenever possible.* * *The professional staff member must hold a parent information meeting prior to the trip addressing the itinerary, all cost considerations, including the recommendation to purchase trip cancellation insurance, the insurance coverage itself, and the Board’s authority to cancel a trip at any time.* * *The professional staff member must distribute, have signed, and returned the* ***Cancellation Terms and Conditions Form for field and other district sponsored trips*** *to those who choose not purchase the insurance (or the No Insurance Available Form, if applicable). The professional staff member must also distribute, have signed, and returned any other applicable form, including the* ***Uniform Parental Medical Consent, Release and Assumption of Risk Form and the Uniform Field Trip Health History Form****.* * *The professional staff member must distribute the trip cancellation insurance policy to those purchasing insurance so that they are fully aware of the coverage areas of the policy.* | | | | | | | | | | | | | | | | | | | | | | | |
| PRICE QUOTES AND REFERENCES: (For board approval only) You must obtain prices from at least 3 agencies, tour companies, etc. Also ask for references (satisfied customers). List detail here or attach. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| PERMISSION SLIPS: You must use the district Uniform Parental Medical Consent, Release and Assumption of risk and Uniform Field Trip Health History Forms, with both sides signed by student and parent. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| APPROVAL: | | | | BOARD APPROVAL NEEDED: | | | | | | | | | | |  | | YES |  | | NO | | | |
| APPROVED | | | | DENIED | | | | | PRINCIPAL: | | | | | | | | | | | | DATE | |  |
| APPROVED | | | | DENIED | | | | | EXECUTIVE DIRECTOR: | | | | | | | | | | | | DATE: | |  |
| APPROVED | | | | DENIED | | | | | BOE: | | | | | | | | | | | | DATE: | |  |

db 7/7/16