

# Las Virgenes Unified School District



Board Meeting Date: \_\_\_\_\_  
To: Board of Education  
From: Superintendent  
Subject: Overnight Field Trip Request

Consent

**District policy requires board approval prior to the event.**

**Issue: Shall the Board of Education approve the following field trip request?**

School: \_\_\_\_\_ Date (s) of trip: \_\_\_\_\_ - \_\_\_\_\_  
Grade Level/Student groups attending: \_\_\_\_\_  
Sponsoring Organization: \_\_\_\_\_ Requested by: \_\_\_\_\_  
Destination & Location: \_\_\_\_\_ Out of State:  Yes  No  
Reason for out of state travel: \_\_\_\_\_

District staff supervising on the trip: \_\_\_\_\_ Current First Aide/CPR  Yes  
**(A copy of the current CPR/first aid certificate(s) must be attached to the field trip request.)**  
Where indicated/Administration approved adult volunteer chaperone: **(Must attach a copy of Exhibit 6153 B)**  
Name of volunteer: \_\_\_\_\_

Purpose of the trip (check all that apply):  Academic/Educational  Competition  
 Reward/Entertainment  Cultural  Other  
Describe "Other" \_\_\_\_\_

Give a brief explanation of the primary purpose of the trip:

Will students miss any classroom time?  Yes  No If yes, how many days/hours? \_\_\_\_\_

Rationale for missing classroom time?

Will the trip be extended for entertainment/reward/recreation purposes:  Yes  No  N/A

If yes, explain the reason for extending the trip:

Total number of students : \_\_\_\_\_ Total number of chaperones needed: \_\_\_\_\_ District staff chaperones: \_\_\_\_\_  
Approved adult volunteer chaperones: \_\_\_\_\_ Chaperone/student ratio: \_\_\_\_\_

Funding: Funding must be completed prior to the trip. Fund-raising requires prior approval. All monies collected are processed through the ASB account.

Funding sources:  General Fund  ASB  Boosters/PFC  Grant  Student Funded

Other: \_\_\_\_\_

**Student Participation: No student may be denied participation due to inability to pay.**

Site and district staff works extensively to identify male and female LVUSD staff to chaperone overnight field trips when both boys and girls are participating. At times, staff members of both genders are not available. In compliance with Administrative Regulation 6153\*, the site administration follows district vetting procedures to identify responsible chaperones to ensure student safety.

*\*AR 6153 Supervision: 2. District employees shall accompany students on all trips/activities and shall assume responsibility for their proper conduct. For overnight trips/activities a district employee or an administrative-approved chaperone of the same gender as student participants must accompany the activity and at least one district employee must hold a current first aid certificate.*

Estimated cost of trip:

Travel: \$ \_\_\_\_\_ Accommodations: \$ \_\_\_\_\_ Subs: \$ \_\_\_\_\_  
Meals: \$ \_\_\_\_\_ Fees: \$ \_\_\_\_\_ Transportation: \$ \_\_\_\_\_  
Other Costs: \$ \_\_\_\_\_ Est. total cost of trip for all participating: \$ \_\_\_\_\_  
Est. cost per student: \$ \_\_\_\_\_ Amount student contribution: \$ \_\_\_\_\_

Describe arrangements: Accommodations should have interior corridors only; boys and girls on separate floors whenever possible.

Transportation:  District bus company  Private bus company  District vehicle  Airlines  
 Other: \_\_\_\_\_

Principals must verify valid driver’s license and insurance information for all drivers.  
Private transportation contract must meet state requirements for student transportation.  
If using a district vehicle, the trip must be less than 150 miles and the driver must be a district employee.  
No student will drive themselves or any other student(s) on a field trip.

Name(S) of district employee(s) driving district vehicle(s):

Additional requirements:

- (a) A complete, detailed typed itinerary MUST be included. Dates must show the day of the week scheduled. An administrator must attend the board meeting to answer any questions regarding this trip.
- (b) An activities certificate is on file in the activities office for each student participating. (The activity certificate verified CIF or home carrier insurance; emergency medical permit and parent permission hold harmless forms.)

Advisor requesting approval: \_\_\_\_\_  
Print Name                                  Advisor’s Signature                                  Date

Administrator requesting approval: \_\_\_\_\_  
Print Name                                  Administrator’s Signature                                  Date

Respectfully Submitted,  
Daniel Stepenosky, Ed. D.  
Superintendent

Submitted by:

Clara Finneran, Ed. D.  
Assistant Superintendent, Education