



**TUCSON UNIFIED SCHOOL DISTRICT
STUDENT TRAVEL / FIELD TRIP AUTHORIZATION
(Student Travel Packet)**

Please check the following (if applicable): <input type="checkbox"/> Outside of Pima County Travel (Supt. Approval) <input type="checkbox"/> Overnight Travel (Supt. Approval)
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Date submitted: _____ **Name of school/department:** _____

Person requesting permission for trip:

Name: _____ Position/Title: _____
Last First MI

Phone (work): _____ Cell: _____ Email: _____

Trip Leader: Same as above

Name: _____ Position/Title: _____
Last First MI

Phone (work): _____ Cell: _____ Email: _____

Trip destination: (Name of destination and complete address, including city and state)

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Departure Date: _____ **Departure Time:** _____ **Return Date:** _____ **Return Time:** _____

Will this be an overnight trip? Yes No

Address and Location where you will be staying overnight:

(Name of organization and complete address, including city and state)

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Justification: What is the purpose of the trip?

How does this trip align with curriculum standards?

Related brochures/information attached? Yes No

Will the trip involve any high impact or activities where injury is a risk? Yes No

What precautions will you implement to reduce/eliminate this risk?

Student Ratios & Supervision

Number of students participating: _____

Grade level of students participating: K 1 2 3 4 5
 (Check all that apply) 6 7 8 9 10 11 12

Student Roster (FT1004) is attached (A final roster is required to be sent to School Leadership 3-4 days prior to travel to confirm all travelers.)

Adult to Student Ratio – Supervising / Chaperone adults responsible to monitor students to be listed here

Number of Certified Staff Traveling	Number of Non-certified TUSD staff traveling	Number of Volunteers traveling	Total Number of Adults traveling	Total Number of Students traveling	Required Ratio Met	All Volunteers Fingerprinted and cleared for travel?
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Adult to student ratios meet the minimum requirements.
 Ratio by grade level: **K-3 - 1:8** **4-5 - 1:10** **6-8 - 1:20** **9-12 - 1:30**

Any special qualifications of supervisors needed? Yes No

If yes, describe qualifications

Type of Transportation Required (Check all that apply) Include # of each type needed.

TUSD TRANSPORT NEEDED:

TUSD BUSES USED FOR FIELD TRIPS ARE AVAILABLE ONLY BETWEEN 9:15 AM & 12:45 OR ANY TIME AFTER 4:30 PM (M-F)
 * (MAXIMUM NUMBER OF PASSENGERS PER BUS IS 75 ELEMENTARY; 65 MIDDLE SCHOOL; 55 HIGH SCHOOL)

Van # _____ School Bus # _____ Road/Charter Bus # _____
 (If using district bus, please complete TRN1100 and submit with this packet. Forward to Transportation once trip is approved.)

Special Transportation Needs:

Wheelchairs # _____ Seatbelts # _____ Other # _____

NON TUSD TRANSPORT:

Walking Rented # _____ Private # _____ Other # _____

Activity Category:

District Student Private Other _____

Destination:

Local – Within Pima County Non-Local – Outside Pima County Out of State

Itinerary

A complete itinerary **must** be submitted with this travel authorization.

Itinerary times, dates, and locations cannot deviate without an amended and approved change.

All changes involving transportation, routes, or student count must be approved with the transportation department (central, east or west) facility servicing your school.

Day Trip – FT1006 attached Overnight Trip - FT1005 attached

Itinerary (cont'd)

Departure Date: _____ Time: _____ a.m. p.m.

Pick-up time: (Pick-up must be in bus bay) _____

Destinations/location(s): _____

Additional traveling emergency contact:

Name: _____ Position/Title: _____
Last First MI

Phone (work): _____ Cell: _____ Email: _____

All travel requires written itinerary. Required A.M. to lights out daily.

Additional chaperone(s):

Name: _____ Position: _____ Phone: _____ Cell: _____

Trip Expenses

Required Expenses: (Check all that apply. Submit dollar amount and budget code for each required expense.)

 Rental Car/Van \$ _____ Charter Bus \$ _____ Lodging \$ _____ Meals \$ _____ Transportation (airfare should reflect actual advance purchase fare) \$ _____ Other (Specify) \$ _____

Any additional fees such as parking and driver room must be provided by group requesting transportation if the trip exceeds 15 hours or is overnight.

Substitute Required: Yes No **Number of Work Days Traveling:** _____**Number of Days Sub Required:** _____**Budget Code for Substitute:** _____ ***Sub amount \$** _____♦Criteria for Travel: State/Federal Technical Training Certification/Class
 Other _____

Expenses to be paid by: (Please check all that apply)

 TUSD Tax Credit Student Club AIA PTO/Booster Individual State/Federal/Externally Funded Program (specify) _____

Trip Expenses (cont'd)

Budget Code #1:

Accounting Unit _____ Budget Name _____ *Amount \$ _____
 Activity (If Applic.) _____

Budget Code #2:

Accounting Unit _____ Budget Name _____ *Amount \$ _____
 Activity (If Applic.) _____

Budget Code #3:

Accounting Unit _____ Budget Name _____ *Amount \$ _____
 Activity (If Applic.) _____

Budget Code #4:

Accounting Unit _____ Budget Name _____ *Amount \$ _____
 Activity (If Applic.) _____

*Include a 10% contingency to cover increases in airfare, lodging, etc.

GRAND TOTAL AMOUNT \$ _____

Estimated total cost of activity trip \$ _____

Estimated cost per student participant \$ _____

Adult Travelers

Last	First	MI	Department/School	Position	Substitute Req'd		
					Yes	No	# of days
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Does this trip require evidence of liability insurance from TUSD Risk Management? Yes No

Forms Checklist

The appropriate paperwork is on file in school/district offices.

ALL TRIPS:

_____ **Form FT1001** Activity Specific Parent Permission Form

_____ **Form FT1004** Student Travel/Field Trip Roster

Note: A final copy of this roster is required to be sent to School Leadership 3-4 days prior to travel to confirm all travelers. A copy of this roster should also remain with the trip leader to ensure everyone is accounted for at all times.

DISTRICT VEHICLE BEING USED: **forms below must be in possession of transportation department one week prior to event for in-state travel and 8 weeks prior to event for out-of-state travel.*

_____ **Form TRN1100** Student travel and/or transportation request (School and appropriate Leadership Team)

_____ **Form FT1006** Day Travel Itinerary Form

NON-DISTRICT VEHICLE BEING USED:

_____ **Form FT1006** Day Travel Itinerary Form or **FT1005** Overnight Travel Itinerary Form

_____ **Form FT1002** Provisions of Transportation and Supervision for Children on School Excursions

(Must attach copy of current driver's license and copy of insurance for every driver of a private vehicle. Only AZ licensed drivers can drive.)

HEALTH FORMS **class teachers submit to health office – Interscholastics will not submit to health office**

Day Trip:

_____ **Form HEA2101** Day Trip Notification to Health Office (submit 2 weeks prior to trip)

Overnight Trip:

_____ **Form HEA2108** Overnight Travel Emergency & Medication Form (submit 2 weeks prior to trip)

Note: Send parent letter *Student Overnight Travel Medical Information Notice To Parent along with HEA2108.*

_____ **Form HEA2107** Overnight Travel Medication Log

(Do not print unless parent indicates on form HEA2108 medications will be given)

MISCELLANEOUS FORMS:

_____ **Form FT1005** Overnight Travel Itinerary

Trip Approval**Trip Leader signature**

Name: _____ Signature: _____ Date: _____

Principal/Department Head approval signature

Name: _____ Signature: _____ Date: _____

Leadership Office approval signature

Name: _____ Signature: _____ Date: _____

Risk Management approval signature **Not Required**

Name: _____ Signature: _____ Date: _____

Funding Source approval signature **Not Required**

Name: _____ Signature: _____ Date: _____

Finance Department approval signature **Not Required**

Name: _____ Signature: _____ Date: _____

Student Finance approval signature **Not Required** Required for tax credit, students clubs and auxiliary only.

Name: _____ Signature: _____ Date: _____

Superintendent approval signature, if needed **Approved** **Not Approved** **Not Required**

Name: _____ Signature: _____ Date: _____

Date Packet Scanned Back to Site: _____ **Approved** **Not Approved**