

STUDENT TRAVEL / FIELD TRIP AUTHORIZATION CHECKLIST

TUSD PROHIBITED ACTIVITIES: Under no circumstances are students, staff or chaperones allowed to participate in the following activities.

- ✓ Swimming (pool, beach, snorkeling, scuba diving, etc.)
- ✓ Zip line use
- ✓ Any Climbing activities over 10 feet from ground (climbing wall or rope)
- ✓ Trampoline activities or facilities

ALL DAY TRIPS IN COUNTY: (TUSD employee must accompany students to be considered a district sponsored event. Students may not travel alone or with a volunteer or parent.)

- Student Travel / Field Trip Authorization Form **[Form FT1000A]** Activity
- Specific Parent Permission Form **[Form FT1001]** Student Travel / Field
- Trip Roster **[Form FT1004]**
- Day Travel Itinerary **[Form FT1006]**
- Itinerary (Addendum) **[Form FT1006A]**
- Brochure, Flyer or Parent Letter on Event** (If available)
- Day Trip Notification to Health Office **[Form HEA2101]**

IF 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. PLEASE DO NOT USE IF WALKING TO DESTINATION OR USING A VENDOR FOR TRANSPORTATION (i.e. airplane, privately rented van or bus).*

- Student travel and/or transportation request (School and appropriate Leadership Team) **[Form TRN1100]**
- Day Travel Itinerary Form **[Form FT1006]**

IF NON-DISTRICT VEHICLE BEING USED: *Use this form if parents are driving students. (KEEP INFORMATION AT THE SITE)*

- Provisions of Transportation and Supervision for Children on School Excursions **[Form FT1002]**
(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.)

STUDENT TRAVEL / FIELD TRIP AUTHORIZATION

Trip Information

School/Site: _____ District Department/Office: _____

Trip Leader:

Name: _____ Position/Title: _____
Last First MI

Phone: _____ Email: _____

Person requesting permission for trip, if other than the trip leader:

Name: _____ Position/Title: _____
Last First MI

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

Title of Event: _____

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

Destination/Location Name: _____

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

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

Justification: What is the purpose of the trip and how does it align with curriculum standards, if applicable? If using tax credit funds, please provide a detail justification how this trip supplements the education program of the school. Tax credit funds are extra-curricular which are optional and non-credit.

Itinerary

A complete itinerary **must** be submitted with this travel authorization. Itinerary times, dates, and locations cannot deviate without an amended and approved change.

Student Ratios for Supervision

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

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 Non-Parent 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 for Day Trips/Inside Pima County.

Ratio by grade level: **PreK, K-3: 1:8** **4-5: 1:10** **6-8: 1:20** **9-12: 1:30**

Note:

- Applicable expenses may occur for chaperones, therefore tax credit funds may be utilized ONLY when the number of chaperones does NOT exceed the district's minimum adult to student ratio requirements.
- Chaperones must be representative of the student genders that will participate in the trip.
- Tax Credit funds **cannot** be used for PreK activities.

TUSD Employee(s)

EMPLOYEE NAME	SCHOOL OR DEPARTMENT	POSITION	SUBSTITUTE REQUIRED
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sub (Days:___)
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sub (Days:___)
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sub (Days:___)
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sub (Days:___)

Adult Chaperone(s)

Note: Parents of TUSD students do not need Fingerprint Clearance.

CHAPERONE NAME	RELATIONSHIP TO STUDENT	FINGERPRINT CLEARANCE
		<input type="checkbox"/> Yes <input type="checkbox"/> Parent
		<input type="checkbox"/> Yes <input type="checkbox"/> Parent
		<input type="checkbox"/> Yes <input type="checkbox"/> Parent
		<input type="checkbox"/> Yes <input type="checkbox"/> Parent

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

NON TUSD TRANSPORT:

Walking Rented # _____ Private # _____ Other # _____

Note: 15 passenger vans are not permitted.

TUSD TRANSPORTION NEEDED: (If checked, Travel Packet must include a TRN1100)

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)

Trip Needs for Site Use ONLY

Does a school van need to be reserved?: Yes No (If Yes, do not submit a TRN1100.)

Trip Expenses

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

Rental Car/Van \$ _____ Charter Bus \$ _____

Meals \$ _____

Non-TUSD 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.

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

- TUSD
- Tax Credit (Fund 526)
- Student Club (Fund 850)
- AIA
- PTO/Booster
- Individual
- State/Federal/Externally Funded Program (specify) _____

Budget Code #1:

General Ledger String _____ *Amount \$ _____

Activity Name (If applicable) _____

Budget Code #2:

General Ledger String _____ *Amount \$ _____

Activity Name (If applicable) _____

Budget Code #3:

General Ledger String _____ *Amount \$ _____

Activity Name (If applicable) _____

Budget Code #4:

General Ledger String _____ *Amount \$ _____

Activity Name (If applicable) _____

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

GRAND TOTAL AMOUNT \$ _____

Estimated cost per student participant \$ _____

Trip Approval (REQUIRED)

Trip Leader Signature

Name: _____ Signature: _____ Date: _____

High School Finance Manager approval signature (Not applicable)

Name: _____ Signature: _____ Date: _____

Principal / Department Head approval signature

Name: _____ Signature: _____ Date: _____

CTE / Fine Arts / Interscholastics Source approval signature (Not applicable)

Name: _____ Signature: _____ Date: _____

Regional Assistant Superintendent's Office approval signature

Name: _____ Signature: _____ Date: _____

Trip Approval (If Applicable)

Funding Source approval signature (Not required)

Name: _____ Signature: _____ Date: _____

Risk Management approval signature (Not required)

Name: _____ Signature: _____ Date: _____

Finance Department approval signature (Not required)

Name: _____ Signature: _____ Date: _____

Student Finance Department approval signature (Not required)

Name: _____ Signature: _____ Date: _____

Superintendent approval signature (Not required)

Name: _____ Signature: _____ Date: _____

Date Packet Scanned Back to Site: _____ Approved Not Approved

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

**TUCSON UNIFIED SCHOOL DISTRICT
STUDENT TRAVEL/TRANSPORTATION REQUEST FORM**

(COMPLETED BY REQUESTER – PLEASE TYPE)

Requestor _____	School/Dept. _____	Date _____
Place of Departure _____	Destination Addr. _____	
Purpose of Travel _____		

* (MAXIMUM NUMBER OF PASSENGERS PER BUS IS 75 ELEMENTARY; 65 MIDDLE SCHOOL; 55 HIGH SCHOOL)

**FIELD TRIP BUSES ARE AVAILABLE ONLY BETWEEN 9:15 AM & 12:45 OR ANY TIME AFTER 4:30 PM (M-F)
AFTER HOURS, WEEKENDS, & HOLIDAYS, CALL DISTRICT SECURITY**

TIMES/DATES: Departure Date _____ P/U Time From Site _____ Return Date _____ P/U Time From Event _____	NUMBER OF PASSENGERS: Students _____ Certified Staff _____ Non Certified _____ Volunteers _____	SPECIAL TRANS. NEEDS: Wheelchairs _____ Seatbelts _____ Other _____
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**TYPE OF TRANSPORTATION REQUIRED
(CHECK ALL THAT APPLY)**

TRANSPORT NEEDS:
 CHARTER SCHOOL BUS ROAD BUS
DESTINATION:
 LOCAL NON-LOCAL

TRIP EXPENSE FUNDING SOURCE(S)

MUST BE FILLED OUT COMPLETELY

BILL TO:
 STATE/FEDERAL SPECIFY _____ PTO TAX CREDIT STUDENT FINANCE AIA COST \$ _____
 OTHER SPECIFY _____ BILLING ADDRESS _____
 ORGANIZATION NAME _____ BUDGET CODE TRANSFER _____
 NAME OF ADMINISTRATOR-FOR APPROVAL _____ DATE _____

Regular Field Trips:

SITE ADMINISTRATOR Approve: <input type="checkbox"/> Disapprove: <input type="checkbox"/> (Date) _____	GOVERNING BOARD Approve: <input type="checkbox"/> Disapprove: <input type="checkbox"/> (Date) _____
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High-Risk Field Trips:

LEADERSHIP TEAM Approve: <input type="checkbox"/> Disapprove: <input type="checkbox"/> (Date) _____ Reason for Disapproval: _____	TRANS. MGR Approve: <input type="checkbox"/> Disapprove: <input type="checkbox"/> (Date) _____
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TRANSPORTATION INFORMATION ONLY

(COMPLETED BY TRANSPORTATION)

DROP INFORMATION: NAME OF DRIVER _____ BUS NUMBER _____ ODOMETER LEAVING _____ ODOMETER RETURN _____ TOTAL MILEAGE _____ TIME LEAVING _____ TIME RETURN _____ TIME TOTAL _____	RETURN INFORMATION: NAME OF DRIVER _____ BUS NUMBER _____ ODOMETER LEAVING _____ ODOMETER RETURN _____ TOTAL MILEAGE _____ TIME LEAVING _____ TIME RETURN _____ TIME TOTAL _____
Number of Passengers _____	Number of Passengers _____

(DRIVER'S SIGNATURE) _____	DATE _____	(DRIVER'S SIGNATURE) _____	DATE _____
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Important! An itinerary **must** be completed for each trip request

DAY TRAVEL ITINERARY FORM

Any time students leave campus for a school trip, a travel itinerary is required. This form is to document single day trips only. Overnight trips, use FT1005. If TUSD Transportation is requested, this form should be forwarded to the Transportation Department after your trip is approved and at least 1 week before travel is set to occur.

An itinerary **must** be submitted as part of the Student Travel Packet FT1000.

- TUSD Transport (attach to TRN1100 packet)
- NON TUSD (attach to Student Travel Packet FT1000)

All changes must be approved with the transportation department (central or east or west) facility servicing your school. Any additional fees such as parking must be provided by group requesting transportation.

Please note: Drivers are instructed to follow itinerary times and destinations. At any time during the actual trip, deviations of any kind must be approved by **direct** telephone contact and the **explicit consent** of Transportation Field Trip Coordinator or Facility Manager - **No Exceptions!**

Date of Trip: _____ Organization Name: _____

Requesting Parties Contact Name: _____

School: _____ Phone #: _____ Cell #: _____

TUSD Transport Needed

Pick – Up Time: _____ (Note: Pick-Up **must** be in bus bay)

We will use NON TUSD transportation for this trip.

See FT1006A Itinerary Addendum

Important! An itinerary **must** be completed for each trip request.

Student Travel / Field Trip Roster

A final copy of this roster is required to be sent to School Leadership 3-4 days prior to travel. A copy of this roster should also remain with trip leader to ensure everyone is accounted for at all times. (Use second page or additional pages as needed.)

Name: _____ School: _____

Date of trip: _____ Trip destination: _____

Please check this box to verify that a copy of the final roster has been sent to School Leadership 3-4 days prior to travel.

Student Full Name	Emergency Contact Name	Emergency Contact Phone	Permission Slip Collected	Confirmed for Travel
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>

Name: _____ School: _____

Date of trip: _____ Trip destination: _____

Please check this box to verify that a copy of the final roster has been sent to School Leadership 3-4 days priors to travel.

Student Full Name	Emergency Contact Name	Emergency Contact Phone	Permission Slip Collected	Confirmed for Travel
			<input type="checkbox"/>	<input type="checkbox"/>
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ACTIVITY SPECIFIC PARENT PERMISSION

I/We, _____ and _____

parent(s) or guardian(s) of _____ hereby grant permission to the Tucson Unified School District (TUSD) to allow my/our child to participate in the following school sponsored activity;

School: _____ Teacher's Name: _____

Travel Date: _____ Leave time: _____ Return time: _____

Mode of Transportation: _____
School bus, school van, walking, private transportation

In case of serious illness or injury, I give consent for my child to be taken to our doctor's office or the closest hospital by school personnel or ambulance, and emergency care provided there, until I can be contacted.

My child is eligible for medical care at: _____
Insurance requirement or preference of hospital

In the event of an emergency, I can be reached at: _____
Home, work, cell phone

Yes, my child may attend this school sponsored activity and I have reviewed all information listed above.

Signature of parent/guardian

Date

NO, my child may NOT attend this school sponsored activity.

Signature of parent/guardian

Date

_____ (Initial) IF APPLICABLE, I will be responsible for alerting, and instructing, the above named teacher in writing regarding any specific health care needs of my child.

Additional Information:

Day Travel Itinerary Addendum

Complete a form for each day trip.

Date: _____

Type of Transportation: _____

Day Number: _____

1st Destination			
Location		Departure Time	
2nd Destination			
Location		Departure Time	
3rd Destination			
Location		Departure Time	

Return Date: _____ Return Time: _____

Comments: _____

Parking fees: _____

Additional activities during the day	What will the students be doing?	Will students be supervised at all times?	Explanation
Activity #1			
Activity #2			
Activity #3			

Medication/Health Information Checklist for Traveling Students

Travel Checklist for Teachers

(NON INTERSCHOLASTIC ACTIVITIES)

Day Trips

- Two weeks before trip submit a Day Field Trip Notification to Health Office/Medication Log (form HEA2101) to the health office along with a trip roster.
- Prior to the trip the school nurse/health office will inform you if any students need medication or have special health needs and will return form HEA2101 to the principal's designee (certified district employee) (health staff will list on the form any students needing medications on the field trip). The school nurse will provide any necessary training to the principal's designee (certified district employee).
- Prior to departure obtain first aid kit from Health Office. Return to health office upon return.
- After the trip, return form HEA2101 with completed Medication Log to the health office. Be sure you have completed the medication log if medications were scheduled.

Overnight Trips

- Send parent notice titled Student Overnight Travel Medication Information Letter to parents and Overnight Travel & Emergency Medication form (HEA2108) home to families.
- Two weeks before trip submit a completed form HEA2108 to the health office (one for each student going on trip), along with a trip roster.
- Prior to the trip the school nurse/health office will review the completed forms to identify any students who will have special health needs on the overnight trip. The health office will return each Overnight Travel Emergency & Medication Form along with an Overnight Medication Log (form HEA2107), if indicated, to the principal's designee (certified district employee). The school nurse will provide any necessary training to the principal's designee (certified district employee).
- Prior to departure obtain first aid kit from Health Office.
- The principal's designee (certified district employee) will receive medication directly from the parent/guardian prior to the trip. Both the principal's designee (certified district employee) and the parent/guardian will sign the amount of medication provided at the beginning of the trip and the amount of medication returned.
- After the trip, return the Overnight Travel Emergency Form (HEA2108), the completed Overnight Medication Log (HEA2107), and the first aid kit to the health office.

**PROVISIONS OF TRANSPORTATION AND/OR SUPERVISION
FOR CHILDREN ON SCHOOL EXCURSIONS**

I/We, _____ and _____, agree to provide transportation and/or supervision to children of _____ School on a school-sponsored excursion to _____ on _____, 20____. My/Our duty to supervise begins when students enter my/the vehicle, and terminates when students leave the vehicle upon returning to school.

If providing transportation:

I/We understand that this excursion has been officially approved in accordance with Tucson Unified School District policy and that during this excursion,

I/We certify that:

1. I/We have a valid driver's license and am/are competent to drive a motor vehicle.
2. I will ensure no other individual will drive this vehicle during the event.
3. My/Our vehicle is insured with coverage greater than or equal to the state required minimum for car insurance.
4. To the best of my/our knowledge and belief, my/our vehicle is in safe working order and is safe for transporting students.
5. I/We have reviewed TUSD Policy EEB, and its regulation pertaining to transportation of students.

I/We understand that the insurance required above for my/our vehicle shall be primary and that insurance coverage provided by Tucson Unified School district shall be secondary.

(Signature)

Date

(Signature)

Date

Site Actions Required:

- Attach copy of Driver's License for individual providing supervision and/or transportation.
- If using personal vehicle for transportation, attach current copy of proof of insurance.
- Site must ensure volunteer has current Volunteer Application on file at site and in HR, and has been fingerprinted and cleared for participation with School Leadership Office.