

SAN DIEGO CITY SCHOOLS

Date: September 13, 2005

To: All K-12 Principals

Subject: FIELD TRIP PLANNING PACKETS

**Department and/or
Persons Concerned:** Principals, Vice Principals, Teachers, Clerical Personnel, PTA
Presidents

Reference: Administrative Procedures 4585 and 4587

Action Requested: Use attached field trip packets as blank masters

Brief Explanation:

All multi-day and out-of state/country field trip applications should be sent to the Office of the Deputy Superintendent at the Eugene Brucker Education Center, Room 2232, as early as possible, but no later than three months prior to the field trip. If fund-raising is necessary, requests should be sent six months prior to the field trip. Any questions should be directed to (619) 725-7104.

Refer to field trip procedure 4585 (domestic single-day) and 4587 (domestic multi-day and foreign single and multi-day) for more detailed information on field trip procedures. All field trips that need Board of Education approval **must meet timelines** or they may not be approved.

A copy of the district approved forms for field trip approvals is attached.

Multi-Day/Out of State Field Trips

Contents of Packet and Directions

Compliance Form For Sellers of Educational Travel

Site Approval Checklist

Principal's Checklist

Statement of Acknowledgement and Consent To Conditions of Trip (Adult, not Employee)

Statement of Acknowledgement and Consent To Conditions of Trip (Employee)

Conflict of Interest Disclosure Form

Authorization For Student Participation

Sample Medical Form

Application For Approval To Conduct Field Trip

Volunteer Form

Single Day

Contents of Packet

Site Approval Checklist

Statement of Acknowledgement and Consent To Conditions of Trip (Adult, not Employee)

Statement of Acknowledgement and Consent To Conditions of Trip (Employee)

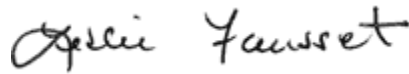
Volunteer Form

Conflict of Interest Disclosure Form

Use these copies as masters, duplicating them as needed. Additional copies are available in the Forms section of For District Staff page www.sandi.net/indices/staff.htm#for.

Sue Weir, Administrator
Instructional Operations

APPROVED:



Leslie Fausset
Interim Superintendent

SW:el

Attachments

Distribution: Lists B, D, E, and F

SAN DIEGO CITY SCHOOLS
Office of the Deputy Superintendent

**FIELD TRIP PLANNING PACKET
SINGLE DAY**

SINGLE-DAY



FIELD TRIP PACKET

District Procedure No. 4585

Contents of packet

1. Site-Approval Checklist for Single-Day Field Trips
2. Statement of Acknowledgment and Consent to Conditions of Trip
(Adult not an employee of or student in the San Diego Unified School District)
3. Statement of Acknowledgment and Consent to Conditions of Trip
(Employee of the San Diego Unified School District)
4. Field Trip Conflict of Interest Disclosure Form
5. School must also keep on file a copy of the parent permission form that was sent home.
6. Volunteer Code of Conduct
7. School Volunteer Application (3 part NCR form) for additional forms contact Community Relations Department

Related Procedures

Approved carriers, instructions, and rates/ordering transportation No. 4586

Community Concourse tours No. 4588

Employee liability No. 7180

Field trips, domestic (multi-day) and foreign (single & multi-day) No. 4587

Fundraising No. 2265 and No. 9325

School Volunteer Programs No. 4595

SAN DIEGO CITY SCHOOLS
Office of the Deputy Superintendent

SITE APPROVAL CHECKLIST FOR SINGLE-DAY FIELD TRIPS

School: _____ Dates of Trip: _____

Trip Destination: _____

Approval of Site Administrator: _____
(Signature) (Date)

To be completed by certificated staff member in charge of the field trip.

Date Completed	Initials	
_____	_____	AT LEAST <u>EIGHT WEEKS</u> PRIOR TO TRIP (THREE MONTHS or more if fundraising is involved)
_____	_____	1. Secure principal's tentative approval to conduct field trip (and approval to conduct fundraising, if applicable).
_____	_____	2. Contact place(s) being visited to make preliminary arrangements, as needed.
_____	_____	3. Review procedure for fund-raising and develop a plan including fund-raising activities, a plan for assisting students who are unable to pay their own expenses, and a method for return of funds if not used for the trip.
_____	_____	AT LEAST <u>SIX WEEKS</u> PRIOR TO TRIP
_____	_____	4. As far in advance as possible, arrange preliminary trip booking (Procedure No. 4586).
_____	_____	5. Obtain "Field Trip Order/Report Form" (T-Form) from secretary or principal's designee; complete according to instructions on form and in Procedure No. 4586; submit to secretary or principal's designee for final scheduling and processing.
_____	_____	<u>FOUR WEEKS</u> PRIOR TO TRIP
_____	_____	6. If <u>substitute</u> is required, complete "Request for Absence on District Business," and submit to principal for approval.
_____	_____	<u>ONE TO TWO WEEKS</u> PRIOR TO TRIP
_____	_____	7. <u>If academic competition is involved</u> , submit to principal for approval: a) Written criteria and guidelines used to select participants in academic competitions, and b) Copies of written communications used to inform parents and students of the academic competition and of the governing guidelines.
_____	_____	8. Send home request for parental approval of student participation. <u>If parent does not sign student cannot go. Phone approval is not acceptable.</u>
_____	_____	9. Verify that attempts were made to recruit students from all ethnic groups to participate.
_____	_____	10. Make final arrangements with place(s) to be visited.

SAN DIEGO CITY SCHOOLS
Office of the Deputy Superintendent

STATEMENT OF ACKNOWLEDGMENT AND CONSENT
TO CONDITIONS OF TRIP

(Adult, not an Employee or Student in the District)

I, _____, am an the _____
(name of adult) (indicate relationship to student, e.g., parent or other relative)

of _____, a student enrolled at _____
(name of student) (name of school)

a public school operated by the San Diego Unified School District.

I understand that a group identified as _____
(describe group)

enrolled at the following schools(s): _____

has been offered the opportunity to participate in a field trip to _____,

and that I have been asked to accompany these students on their trip during the period from

_____ to _____.

I understand that my participation in the aforementioned program, including the field trip, is voluntary. I agree to pay all expenses for my participation in the field trip including, but not limited to, the cost of airfare and such insurance as may be required by the San Diego Unified School District.

I am aware of the provisions of Education Code Section 35330, which states in part that "... All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during, or by reason of, the field trip or excursion..."

I have read and understand the foregoing statement and sign it below voluntarily.

Executed in the City of San Diego, County of San Diego, State of California, on

(date and year)

(Signature)

(Print or Type Name)

SAN DIEGO CITY SCHOOLS
Office of the Deputy Superintendent

STATEMENT OF ACKNOWLEDGMENT AND CONSENT TO CONDITIONS OF TRIP

(Employee of the San Diego Unified School District)

I, _____, am an Employee of the San Diego Unified School District,
(name of employee)

assigned to _____, a public school operated by
(name of school)

the San Diego Unified School District.

I understand that a group identified as _____
(describe group)

enrolled at the following school(s): _____

will participate in a field trip to _____,

and that I have been asked to accompany these students on their trip during the period from

_____ to _____.

Except as may have been agreed between my supervisor and me, or as may be set forth in documents governing my terms and conditions of employment, I agree to pay all expenses for my participation in the field trip, including but not limited to, the cost of airfare. I further agree to donate as much of my time beyond my normal workday as may be required while on the field trip. I understand that I will suffer no loss of pay by reason of participating in the field trip. I further understand that, except as set forth above, I will receive no additional compensation for any such time or services donated by me, or for any other reason, in connection with the trip.

I am aware of the provisions of Education Code Section 35330, which states in part that "... All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during, or by reason of, the field trip or excursion..."

My acknowledgment of the foregoing paragraph is subject to the proviso that I retain any and all of my employment rights including, but not limited to, district liability insurance, workers compensation insurance, and district health insurance.

I have read and understand the foregoing statement and sign it below voluntarily.

Executed in the City of San Diego, County of San Diego, State of California, on

(date and year)

(Signature)

(Print or Type Name)

SAN DIEGO CITY SCHOOLS
Office of the Deputy Superintendent

CONFLICT OF INTEREST DISCLOSURE FORM

Each principal, ASB advisor or teacher sponsoring or participating in a tour or trip paid by students is required to complete this form.

Field Trip and Date _____

Name _____

Position _____

Location _____

Indicate below whether you or a member of your family is currently receiving (or has received during the last five years) any gratuity, commission, rebate, or thing of value from any travel agency or travel promoter. Plane fares, hotel accommodations, etc., provided in return for chaperoning should be listed and would be considered reasonable and acceptable.

Self	Relative	Company Name	Year of Gratuity	Type of Gratuity	Value of Gratuity

(Signature) (Date)

SAN DIEGO CITY SCHOOLS

AUTHORIZATION FOR STUDENT PARTICIPATION
ONE-DAY OR SEASONAL ACTIVITY

_____ wishes to participate in
(Student's name)

_____ (Activity)
on _____ from _____ a.m. a.m.
p.m. to _____ p.m. or
(Date)

during _____ from _____ to _____
(Semester or Season) (Date) (Date)

Transportation will be by _____
(Chartered bus, private car driven by school employees, parents, or students)

It is necessary that the parents specifically authorize that their child be included in the activity. Supervision for this event will be furnished by the school, but parents should understand that supervision will end at the time slated above. The school will take every precaution to assure the welfare and safety of your son/daughter participating in this activity. However, it is important that you understand that the school cannot assume financial or legal liability in case of injury or accident. Low cost student accident insurance is available; also, additional low cost insurance is available for students participating in interscholastic athletics. Please call or write the school office for information.

Cold sack lunches are available from the school cafeteria. Students who qualify may receive meals free or at reduced price.

If you wish your son/daughter to participate in the above described activity, please complete the request for participation form below, and return it to the school immediately.

Activity Sponsor

Principal

(Tear on dotted line and return lower portion.)

PARENT AUTHORIZATION FOR PARTICIPATION

I, the undersigned, authorize my son/daughter _____
(Name of student)

to participate in _____
(Name of activity)

scheduled for _____ from _____ a.m. a.m.
p.m. to _____ p.m., or
(Semester) (Date) (Date)

during _____ from _____ to _____
(Semester or Season) (Date) (Date)

California law (Education Code Section 35330) provides that any person making a field trip or excursion waives all claims against the school district and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.

Date Signed

Signatures of Parent(s) or Guardian(s)

LAS ESCUELAS DE LA CIUDAD DE SAN DIEGO

AUTORIZACIÓN PARA LA PARTICIPACIÓN DEL ESTUDIANTE EN UNA ACTIVIDAD DE TEMPORADA O DE UN D A

_____ desea participar en
(Nombre del estudiante)

_____ (Nombre de la actividad)
del _____ de las _____ a.m. a.m.
(Fecha) p.m. a las _____ p.m.

o durante _____ del _____ to _____
(Semestre o Temporada) (Fecha) (Fecha)

El medio de transportacion sera por _____
(Chartered Camion alquilado, automovil particular manejado por algun empleado escolar, padre de familia o estudiante.)

Es necesario que los padres de familia o tutores específicamente autoricen la inclusión de su hijo/a en esta actividad. La escuela supervisará este evento pero se les advierte que dicha supervisión terminará en la fecha y hora indicada. La escuela tomará toda precaución necesaria para asegurar el bienestar y la seguridad de su hijo/a durante esta actividad. Sin embargo, es muy importante clarificar que la escuela no puede ser responsable legal o financieramente en caso de daño o accidente. Si los padres desean pagar por un seguro escolar económico que cobra accidents escolares, es disponible, lo mismo que un seguro económico para los estudiantes que participant en deportes interscolásticos. Favor de llamar o escribir a la oficina de la escuela si desea información.

Los alumnos pueden comprar en la cafetería almuerzo frío en bolsa. Los alumnos que reúnan los requisitos podrán recibir almuerzo gratuito o a precio reducido.

Si Ud. Desea que su hijo/a participe en la actividad nobrada, favor de completar la solicitud de participación a continuación y enviarla a la escuela inmediatamente.

Patrocinador de la actividad Director

AUTORIZACIÓN PATERNA PARA PARTICIPACIÓN DEL ESTUDIANTE EN UNA ACTIVIDAD ESCOLAR

Por este medio autorizo que mi hijo/hija _____ le
(Nombre del estudiante)

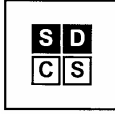
sea permitido participar en _____
(Nombre de la actividad)

programada para _____ de las _____ a.m. a.m.
(Semester) (Date) p.m. a las _____ p.m.,
(Date)

o durante _____ from _____ to _____
(Semester or Season) (Date) (Date)

Estipula la ley de California (Codigo de Educacion 35330) que cualquier persona participando en un viaje educacional o excursional desista de todas las demandas o reclamaciones contra el distrito escolar o el estado de California como consecuencia de cualquier lesión, accidente, enfermedad o muerte que pudiera ocurrir durante o por razón de la actividad.

Fecha de la firma(s) Firma(s) del padre(s) de familia o tutor(s)



San Diego City Schools
Community Relations Department



VOLUNTEER CODE OF CONDUCT

(This document defines the district's expectations for all school volunteers.)

As a volunteer, I agree to abide by the following code of volunteer conduct:

1. Immediately upon arrival, I will sign in at the main office or the designated sign-in station.
2. I will wear or show volunteer identification whenever required by the school to do so.
3. I will use only adult bathroom facilities.
4. I agree to never be alone with individual students who are not under the supervision of teachers or school authorities.
5. I will not contact students outside of school hours without permission from the students' parents.
6. I agree not to exchange telephone numbers, home addresses, e-mail addresses or any other home directory information with students for any purpose unless it is required as part of my role as a volunteer. I will exchange home directory information only with parental and administrative approval.
7. I will maintain confidentiality outside of school and will share with teachers and/or school administrators **any** concerns that I may have related to student welfare and/or safety.
8. I agree to not transport students without the written permission of parents or guardians or without the expressed permission of the school or district and will abide by District Administrative Procedure # 4586 when transporting students.
9. I will not disclose, use, or disseminate student photographs or personal information about students, self, or others.
10. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.

I agree to follow the Volunteer Code of Conduct at all times or cease volunteering immediately.

SAN DIEGO CITY SCHOOLS
Office of the Deputy Superintendent

**FIELD TRIP PLANNING PACKET
MULTI-DAY AND/OR OUT-OF-STATE/COUNTRY**

FIELD TRIP PLANNING PACKET



MULTI-DAY

District Procedure No. 4587

The following forms may be found on the district web site under district staff, form, field trip forms and must be submitted to obtain approval:

1. Directions for Completing Field Trip Packet, Multi-Day and/or Out-of-State/Country Field Trip
2. Application for Approval to Conduct Multi-Day and/or Out-of-State/Country Field Trip
3. Compliance Form For Sellers of Educational Travel
4. Site-Approval Checklist: Multi-Day and/or Out-of-State/Country Field Trips
5. Principal's Checklist: Multi-Day and/or Out-of-State/Country Field Trips
6. Statement of Acknowledgment and Consent to Conditions of Trip
(Adult not an employee of or student in the San Diego Unified School District)
7. Statement of Acknowledgment and Consent to Conditions of Trip
(Employee of the San Diego Unified School District)
8. Field Trip Conflict of Interest Disclosure Form

9. Authorization for Student Participation: Multi-Day Field Trip or Activity
10. Sample Medical Form
11. Volunteer Code of Conduct
12. School Volunteer Application (3 part NCR form) for additional forms contact Community Relations Department

Related Procedures

Approved carriers, instructions, and rates/ordering transportation No. 4586

Community Concourse tours No. 4588

Employee liability No. 7180

Field trips, single-day within state No. 4585

Fundraising No. 2265 and No. 9325

School Volunteer Programs No.4595

**DIRECTIONS FOR COMPLETING FIELD TRIP PACKET
MULTI-DAY AND/OR OUT-OF STATE/COUNTRY***

1. Field trip coordinator completes and signs "Application for Approval to Conduct Multi-Day and/or Out-of-State/Country Field Trip" and submits to the principal for approval **at least three months before departure date.**
2. Principal approves and signs "Application for Approval to Conduct Multi-Day and/or Out-of-State/Country Field Trip" and submits to the Office of the Deputy Superintendent **at least three months before departure date** with required attachments.
3. Field trip sponsor coordinator completes "Site Approval Checklist" for multi-day and/or out-of-state/country field trip.
4. Principal completes "Principal's Checklist".
5. All district employees going on the field trip complete "Statement of Acknowledgment and Consent to Conditions of Trip (District Employee)."
6. All adults who are not employees of the district complete "Statement of Acknowledgment and Consent to Conditions of Trip (Adult, Not District Employee)."
7. All district employees complete "Field Trip Conflict of Interest Disclosure Form," if applicable.
8. Field trip coordinator includes a copy of the authorization for student participation form that is sent home for parent signature (sample included in the packet).
9. Principal forwards a copy of the signed Application for Approval, Compliance Form and Principal's Checklist (**when submitting packet for board approval**) to the Office of the Deputy Superintendent.
10. **Within two weeks of trip completion** send copy of Consent to Conditions of Trip (Adult & Employee, Conflict of Interest (if applicable), a sample copy of **one** Student Participation Form, a sample copy of **one** Student Medical Form and copy of **All** Volunteer Applications (**marked with Board Approval Date**) to the Office of the Deputy Superintendent.

* For specific details, see District Procedure No. 4587.

SAN DIEGO CITY SCHOOLS
Office of the Deputy Superintendent

**APPLICATION FOR APPROVAL TO CONDUCT
MULTI-DAY AND/OR OUT-OF-STATE/COUNTRY FIELD TRIP
(AT LEAST THREE MONTHS BEFORE DEPARTURE DATE)**

To: Board of Education

Date: _____

The undersigned for _____ School hereby apply for approval to conduct a field trip to _____

<p>1. Inclusive dates of trip:</p> <p>() Itinerary attached</p>	<p>2. Purpose of trip:</p> <p>() Paragraph attached describing educational value and specific activities students will be required to complete</p>
<p>3. a. Membership of Group:</p> <p>(e.g., U.S. History class, choral group)</p>	<p>3. b. Number of Students Attending: _____</p> <p>Boys: _____ Girls _____</p> <p>Ethnicity:</p>
<p>4. a. Cost of trip financed by:</p> <p>4. b. Name of travel agency contracted for trip:</p> <p>() Compliance form attached.</p>	<p>4. c. Describe fund-raising activities, if any:</p> <p>Attachment, if any</p>
<p>5. a. Name of certificated employee(s) in charge of trip:</p> <p>(Responsible for coordinating fundraising and organization of the trip and its conduct while students are outside of the limits of the SDUSD.)</p>	<p>5. b. *Names of certificated staff members who will provide supervision of students:</p> <p>(*) Travel expensed will be paid by themselves.</p>

This application, together with the necessary documents, must be sent to the Office of the Deputy Superintendent, Room 2232, Eugene Brucker Education Center, or fax at (619) 725-7105.

The undersigned applying for approval of the field trip will make every effort to ensure conformance with all requirements of the San Diego Unified School District procedure for the conduct of field trips out-of-state, to foreign countries and/or involving multiple days.

(Trip Coordinator's Signature)

(Date)

Endorsed with Approval:

(Principal's Signature)

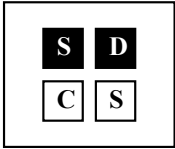
(Date)

Endorsed with Approval:

(Office of the Deputy Superintendent)

(Date)

BOARD APPROVAL DATE: _____



SAN DIEGO CITY SCHOOLS

COMPLIANCE FORM FOR SELLERS OF EDUCATIONAL TRAVEL

Information required by SB 142 is to be completed by travel organizations which offer educational travel programs to California students.

REQUIRED SECTIONS REFER TO THE BUSINESS AND PROFESSIONAL CODE

SCHOOL: _____

DESTINATION: _____ **DATES:** _____

Compliance 1. Is the proposed student trip educational in nature? Yes/No _____
17552(c)

Compliance 2. Company Name: _____
Address: _____
Phone Number: _____
24-Hour Emergency Phone Number: _____
17554(a)

Compliance 3. List Services (fill in or attach detailed application form): 17554(b)
Total Cost per student for services listed below: \$ _____
Transportation: _____
Lodging: _____
Meals (which meals are offered): _____
Educational leader (Yes/No) Hours per day: _____
Travel organization's office nearest tour site: _____

Compliance 4. Insurance Resume:
17554(b)1

Type	Coverage \$ Per Incident	\$ Total
Insurer	Policy No.	Verify Name/Phone
Type	Coverage \$ Per Incident	Coverage \$ Total
Insurer	Policy No.	Verify Name/Phone
Type	Coverage \$ Per Incident	Coverage \$ Total
Insurer	Policy No.	Verify Name/Phone

4. Insurance (continued)

Type	Coverage \$ Per Incident	Coverage \$ Total
<u>Consumer Protection Deposit Plan</u>		
Insurer	Policy No.	Verify Name/Phone

Optional extra cost insurance:

Optional insurance cost per student \$:

Compliance

5. Describe any additional or optional trip costs:
17554(b)2

Compliance

6. Tour leader qualifications and training:
17554(b)3

Compliance

7. Describe educational components of travel program including projected outcomes:
(Measurable objectives, hands-on activities, skill development) 17554(c)

Attach copy of relevant educational materials (program specific curriculum, correlation with state framework, classroom supplements)

Compliance

8. How many times has the travel organization conducted this (or substantially similar) educational program? 17554(d)

Trip Name	Annual No. of Groups	Annual No. of Students	Annual No. of Travel Days	Number of Years Offered
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Compliance

9. Length of time organization has conducted educational travel programs: 17554(e)

Compliance

10. Name(s) of owner(s) and principals of student travel organization:

Name	Position
_____	_____
_____	_____
_____	_____
_____	_____

Compliance

11. Has any owner or principal of the organization had entered against him or her any judgment, including stipulated judgment, order, lien, has entered a plea of nolo contendere, or been convicted of any criminal violation, in connection with the sale of any travel services from a period of 10 years predating the contract. 17554(g)

For purposes of this section "owner" means a person or organization who owns or controls 10 percent or more of the quality of, or otherwise has claim to 10 percent or more of the net income of the educational travel organization; and "principal" means an owner, an officer of a corporation, a general partner of a partnership, or a sole proprietor of a proprietorship. 17554(g)

Name of defendant:

Court or administrative agency rendering judgment order:

Docket Number: _____ Date of judgment order _____

Nature of judgment, order, or plea: _____

(Note: Eleven (11) required for compliance with California Law)

OPTIONAL INFORMATION

12. How many full time employees does the organization have? _____
13. How many office locations does the organization have? _____
Where are the locations? _____
14. Does the organization provide classroom support materials? _____
Describe: _____
15. Does the organization provide a format for post trip evaluation?: _____
16. Describe the accommodations and modifications that can be provided by the travel organization during the trip for students with disabilities. Please include any additional cost associated with the accommodations or modifications. _____
17. Are any of the principals of the organization credential and/or experienced teachers? Explain. _____
18. Financial stability:
A. List bank(s), references, including person's name and phone number: _____
- B. Dunn and Bradstreet file number: _____
- C. Has the organization or any principal filed corporate or personal bankruptcy during the preceding 10 year? If yes, please explain on a separate sheet. Yes/No _____

19. List of 10 references (with phone numbers) of educators who have experienced the organization's services.
- _____
- _____
- _____
- _____
- _____
20. Travel associations to which organization currently belongs:
- _____
- _____
- _____
21. Educational associations to which organization currently belongs:
- _____
- _____
- _____
22. Does travel organization currently hold an appointment from ARC? Yes/No _____
 ARC/IATAN No. _____
 If no, which agency will provide travel agency? Agency name: _____
 Owner: _____ ARC/IATAN No. _____
 Phone No. _____
23. Has the travel organization complied with the consumer protection requirements of California's Seller of Travel law? Yes/No _____
24. **FULL DISCLOSURE: 17555** In addition to other requirements and prohibitions of this article, it is a violation of this article for an educational travel organization to place or use any misleading or untruthful advertising or statements or make a substantial misrepresentation in conducting an educational travel program.
25. **PENALTIES: 17556.5** Except as otherwise provided, a person who violates a provision of this article is guilty of a misdemeanor, which offense is punishable by a fine not exceeding one thousand dollars (\$1,000), or by imprisonment in a county jail for not more than one year, or by both fine and imprisonment. In addition, upon a conviction of a violation of this article, the court may issue an injunction and prohibit the convicted person from acting as an educational travel organization in this state, in which case the court shall inform the Attorney General of that action.

Reference: California Business And Professions Code Chapter 1

VERIFICATION

A duly authorized officer of the owning corporation, partnership, or trust must sign and date this verification, and fill in the city and state where signed.

I declare that all of the information provided herein, including attachments to this application to provide travel services, is true and correct.

Signature: _____ Date: _____

Position: _____ Signed at: _____
 City and State

SAN DIEGO CITY SCHOOLS
Office of the Deputy Superintendent

SITE APPROVAL CHECKLIST FOR MULTI-DAY
AND/OR OUT-OF-STATE/COUNTRY FIELD TRIPS

School: _____ Dates of Trip: _____

Trip Destination: _____

To be completed by certificated staff member in charge of the field trip.

Date Completed	Initials	
_____	_____	<p style="text-align: center;">AT LEAST THREE MONTHS PRIOR TO TRIP (SIX MONTHS or more if fundraising is involved)</p> <p>1. Secure principal's tentative approval to conduct field trip (and approval to conduct fundraising, if applicable). Send form "Application for Approval to Conduct Multi-Day and/or Out-of-State/Country Field Trip" to the Office of the Deputy Superintendent requesting permission to conduct field trip. (Sign off Nos. 1 and 2 on principal's checklist.)</p>
_____	_____	<p>2. Review procedure for fund raising and develop plan to include: a) description of fundraising activities, b) plans to assist students who are unable to pay their own expenses, and c) a written statement that no student will be excluded from a required trip due to lack of funds, and that d) funds will be returned if not used for the trip. (See Procedure Nos. 2265 and 9325). Attach list of fund-raising activities as Attachment 1. Complete Nos. 3 and 4 on principal's checklist.</p>
_____	_____	<p>3. Select the travel agency to be used (if appropriate). Have travel agency complete "Compliant Form for Sellers of Educational Travel" and forward to the Office of the Deputy Superintendent. (Needed for Board approval)</p>
_____	_____	<p>4. Obtain and submit copy of itinerary. This itinerary shall include a) dates, b) locations [city, state, country] and c) accommodations. Attach itinerary as Attachment 2. (Needed for board approval)</p>
<u>FOUR TO SIX WEEKS PRIOR TO TRIP</u>		
_____	_____	<p>5. Arrange for certificated supervisors. If substitute is required, complete "Request for Absence on District Business," and submit to principal for approval and submission to funding office for approval.</p>
_____	_____	<p>6. Arrange for parent chaperones, if appropriate. Have chaperones/volunteer's complete volunteer application. Provide list to principal and secure his/her approval. (Sign off No. 5 on principal's checklist.)</p>
<u>TWO TO FOUR WEEKS PRIOR TO TRIP</u>		
_____	_____	<p>7. If academic competition is involved, submit to principal for approval: a) Written criteria and guidelines used to select participants in academic competitions, and b) Copies of written communications used to inform parents and students of the academic competition and of the governing guidelines. (Sign off No. 6 on principal's checklist.)</p>
_____	_____	<p>8. Send home request for parental approval of student participation. If parent does not sign student cannot go. Attach copy of form as Attachment 3.</p>

- _____ 9. Verify that attempts were made to recruit students from all ethnic groups to participate. *(Sign off No. 7 on principal's checklist.)*
- _____ 10. Verify insurance coverage to provide personal accident insurance for participating students where required. **Attach evidence of coverage as Attachment 4.** *(Sign off No. 8 on principal's checklist.)*
- _____ 11. Secure trip cancellation insurance from travel agency where required. **Attach evidence of coverage as Attachment 5.** *(Sign off No. 8 on principal's checklist.)*
- _____ 12. Notify parents of other insurance coverage available as an option.
- _____ 13. Provide written evidence of financial ability to cover travel and living expenses for all participants while outside of San Diego. *(Sign off No. 9 on principal's checklist.)*
- _____ 14. Develop orientation plan for students, parents, and chaperones.
- _____ 15. Verify that instructors and voluntary supervisors will contribute their time without pay or reimbursement during the trip and will waive all claims against the district by securing their signatures on appropriate forms. Complete form(s). *(Sign off No. 10 on principal's checklist.)*

ONE TO TWO WEEKS PRIOR TO FIELD TRIP

- _____ 16. Verify that permission forms and waivers are returned for all students participating in field trip. Verify alternate arrangements at school for those students not participating. *(Sign off No. 11 on principal's checklist.)*
- _____ 17. Arrange for participating students to be excused from other classes.
- _____ 18. Arrange for first-aid kit and/or snake-bite kit, and ensure they are taken on trip.
- _____ 19. Spot check reservations to verify that arrangements are in order.
- _____ 20. Principal, vice principal, ASB advisor, and teachers sponsoring or participating in tours or trips paid by students **file the "Field Trip Conflict of Interest Disclosure Form"** enclosed in packet. *(Sign off No. 12 on principal's checklist.)*

ONE WEEK PRIOR TO FIELD TRIP

- _____ 21. Report to secretary or principal's designee the names of all persons (**adults and students**) who will actually go on the trip. Provide list of students to verify those actually participating prior to departure.
- _____ 22. File this form with other required papers in school office. (Records must be kept for three years.)

WITHIN TWO WEEKS FOLLOWING TRIP COMPLETION

- _____ 23. Conduct evaluation of field trip and share results with principal.
- _____ 24. Forward all backup paperwork, (**all remaining documents not required at time of Board Approval**) to the Office of the Deputy Superintendent.

SAN DIEGO CITY SCHOOLS
Office of the Deputy Superintendent

PRINCIPAL'S CHECKLIST
MULTI-DAY AND/OR OUT-OF-STATE/COUNTRY FIELD TRIPS

<p>1. Approval for Field Trip: I have reviewed the plan for the field trip to _____ on _____ and I give tentative approval for the students to participate.</p>	<p>_____ Principal's Signature</p>	<p>_____ Date</p>
<p>2. Approval for Field Trip Fund-Raising: I have reviewed the plan for fund-raising for this field trip and give my approval for fund-raising activities to begin.</p>	<p>_____ Principal's Signature</p>	<p>_____ Date</p>
<p>3. Lack of Funds: To help students in need of funds, the following actions are being taken: _____ _____ _____</p>	<p>_____ Principal's Signature</p>	<p>_____ Date</p>
<p>4. Return of Funds: Any funds not used for the trip will be returned in the following way: _____ _____ _____</p>	<p>_____ Principal's Signature</p>	<p>_____ Date</p>
<p>5. Chaperones: An approved list of chaperones is on file in the main office of the school.</p>	<p>_____ Coordinator's Signature</p>	<p>_____ Date</p>
<p>6. Academic Competition Trips Only: I certify that written criteria and guidelines for selecting participants along with copies of all written communication to parents and students related to the competition are on file in the main office of the school.</p>	<p>_____ Principal's Signature</p>	<p>_____ Date</p>
<p>7. Representation: I certify that under my leadership, the school has made a concerted effort to include representation from all ethnic groups of students.</p>	<p>_____ Principal's Signature</p>	<p>_____ Date</p>
<p>8. Insurance: I certify that each and every student participating in the field trip has personal accident insurance and trip cancellation insurance as required by Procedure No. 4587, C.4.e.(4) and C.6.a. and b.</p>	<p>_____ Principal's Signature</p>	<p>_____ Date</p>
<p>9. Travel and Living Expenses: Provision has been made for coverage of all expenses while outside of San Diego. This includes plane fares, ground transportation, hotels, tours, and meals. Written evidence of this coverage is on file in the main office of the school.</p>	<p>_____ Principal's Signature</p>	<p>_____ Date</p>
<p>10. Contribution of Services: the following written agreement between the principal and certificated personnel, classified personnel, and voluntary supervisors stipulates that they will contribute their services and time outside of the regular school day without pay or reimbursement of expenses except for regular salary when supervising participating students and will waive all claims against the district. Executed this date by: <i>Statement of Acknowledgment and Consent to Conditions of Trip</i> are on file at the following location at the school site:</p>	<p>_____ Principal's Signature</p> <p>_____ Staff Member's Signature</p>	<p>_____ Date</p> <p>_____ Date</p>

File title, if appropriate: _____		
11. Releases: I certify that for each and every student participating in the field trip there is a <i>Permission to Participate, Notification of Insurance, Waiver of Claims, and other Release Forms</i> on file in the main office of the school. File title, if appropriate: _____	_____ Coordinator's Signature	_____ Date
12. Disclosure Statement: Principal, vice principal, ASB advisor, and teachers participating in tours for field trips paid by students have completed a <i>Field Trip Conflict of Interest Disclosure</i> form.	_____ Principal's Signature	_____ Date
13. Forward this form with other necessary papers to the Office of the Deputy Superintendent.	_____ Principal's Signature	_____ Date

SAN DIEGO CITY SCHOOLS
Office of the Deputy Superintendent

STATEMENT OF ACKNOWLEDGMENT AND CONSENT
TO CONDITIONS OF TRIP

(Adult, not an Employee or Student in the District)

I, _____, am an the _____
(name of adult) (indicate relationship to student, e.g., parent or other relative)

of _____, a student enrolled at _____
(name of student) (name of school)

a public school operated by the San Diego Unified School District.

I understand that a group identified as _____
(describe group)

enrolled at the following schools(s): _____

has been offered the opportunity to participate in a field trip to _____,

and that I have been asked to accompany these students on their trip during the period from

_____ to _____.

I understand that my participation in the aforementioned program, including the field trip, is voluntary. I agree to pay all expenses for my participation in the field trip including, but not limited to, the cost of airfare and such insurance as may be required by the San Diego Unified School District.

I am aware of the provisions of Education Code Section 35330, which states in part that "... All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during, or by reason of, the field trip or excursion..."

I have read and understand the foregoing statement and sign it below voluntarily.

Executed in the City of San Diego, County of San Diego, State of California, on

(date and year)

(Signature)

(Print or Type Name)

SAN DIEGO CITY SCHOOLS
Oficina del Superintendente Adjunto

DECLARACIÓN DE CONOCIMIENTO Y CONSENTIMIENTO
DE LAS CONDICIONES DE UN VIAJE

(Adulto, no Empleado ni Alumno del Distrito)

Yo, _____, soy el/la _____
(nombre del adulto) (indique el parentesco con el alumno, ej., padre o pariente)

de _____, alumno inscrito en _____
(nombre del alumno) (nombre de la escuela)

una escuela pública operada por el Distrito Escolar Unificado de San Diego.

Entiendo que un grupo identificado como _____
(describa al grupo)

inscrito en la(s) siguiente(s) escuela(s): _____

ha recibido oportunidad de participar en un viaje de estudio a _____

y que se me ha pedido acompañar a estos alumnos en su viaje durante el período del

_____ a _____.

Entiendo que mi participación en el programa mencionado, incluyendo el viaje, es voluntario y acepto pagar todos los gastos de mi participación en el viaje incluyendo, pero sin limitarse al costo de la tarifa aérea y el seguro requerido por el Distrito Escolar Unificado de San Diego.

Quedo enterado de las disposiciones del Artículo 35330 del Código de Educación, que declara en parte que "...Todas las personas que hagan el viaje o excursión de estudio renunciarán a toda queja contra el distrito o el Estado de California por heridas, accidente, enfermedad, o muerte ocurrida durante, o a causa del viaje o excursión..."

He leído y entiendo la declaración anterior y firmo abajo de manera voluntaria.

Ejecutado en la Ciudad de San Diego, Condado de San Diego, Estado de California el día

(fecha y año)

(Firma)

(Escriba su nombre a máquina o con letra de molde)

SAN DIEGO CITY SCHOOLS
Office of the Deputy Superintendent

STATEMENT OF ACKNOWLEDGMENT AND CONSENT TO CONDITIONS OF TRIP

(Employee of the San Diego Unified School District)

I, _____, am an Employee of the San Diego Unified School District,
(name of employee)

assigned to _____, a public school operated by
(name of school)

the San Diego Unified School District.

I understand that a group identified as _____
(describe group)

enrolled at the following schools(s): _____

will participate in a field trip to _____,

and that I have been asked to accompany these students on their trip during the period from

_____ to _____.

Except as may have been agreed between my supervisor and me, or as may be set forth in documents governing my terms and conditions of employment, I agree to pay all expenses for my participation in the field trip, including but not limited to, the cost of airfare. I further agree to donate as much of my time beyond my normal workday as may be required while on the field trip. I understand that I will suffer no loss of pay by reason of participating in the field trip. I further understand that, except as set forth above, I will receive no additional compensation for any such time or services donated by me, or for any other reason, in connection with the trip.

I am aware of the provisions of Education Code Section 35330, which states in part that "... All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during, or by reason of, the field trip or excursion..."

My acknowledgment of the foregoing paragraph is subject to the proviso that I retain any and all of my employment rights including, but not limited to, district liability insurance, workers compensation insurance, and district health insurance.

I have read and understand the foregoing statement and sign it below voluntarily.

Executed in the City of San Diego, County of San Diego, State of California, on

(date and year)

(Signature)

(Print or Type Name)

SAN DIEGO CITY SCHOOLS
Office of the Deputy Superintendent

CONFLICT OF INTEREST DISCLOSURE FORM

Each principal, ASB advisor or teacher sponsoring or participating in a tour or trip paid by students is required to complete this form.

Field Trip and Date _____

Name _____

Position _____

Location _____

Indicate below whether you or a member of your family is currently receiving (or has received during the last five years) any gratuity, commission, rebate, or thing of value from any travel agency or travel promoter. Plane fares, hotel accommodations, etc., provided in return for chaperoning should be listed and would be considered reasonable and acceptable.

Self	Relative	Company Name	Year of Gratuity	Type of Gratuity	Value of Gratuity

(Signature)

(Date)

SAN DIEGO CITY SCHOOLS
Office of the Deputy Superintendent

AUTHORIZATION FOR STUDENT PARTICIPATION
MULTIPLE-DAY FIELD TRIP OR ACTIVITY

I, the undersigned, am the parent/guardian of: _____

a student enrolled in San Diego Unified School District, request and give permission to have my son/daughter, named above, participate in a field trip to:

(Destination) _____

(Dates) From _____ To _____

I understand that participation in this field trip is entirely voluntary. I voluntarily agree to pay all expenses necessary for the above-named student to participate in the field trip, including, but not limited to, the cost of transportation, food, lodging, and such insurance as may be required by the San Diego Unified School District.

I understand that any travel arrangements made through a travel agency are the responsibility of that agency alone.

I am aware of the provisions of the California Education Code Section 35330, which states, in part, that "...All persons making the field trip or excursion shall be deemed to have waived all claims, against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion...."

I further agree that in the event, in the opinion of a duly authorized representative of the San Diego Unified School District, it becomes necessary to procure emergency medical care for the above-named student due to accident or illness, such care may be procured without my further consent. I personally assume responsibility for any costs of such care not covered by insurance.

Executed in the city of San Diego, County of San Diego, State of California, on

Date

Parent/Guardian

Address:

Telephone: _____

SAN DIEGO CITY SCHOOLS
Oficina del Superintendente Adjunto

AUTORIZACIÓN PARA LA PARTICIPACIÓN ESTUDIANTIL
PASEO O ACTIVIDAD DE ESTUDIO DE DÍAS MÚLTIPLES

Yo, el que suscribe, soy padre/madre/tutor de: _____
un alumno inscrito en el Distrito Escolar Unificado de San Diego, y solicito y doy
permiso para que mi hijo/hija, arriba nombrado, participe en un paseo de estudio a:

(Destino) _____

(Fechas) De _____ A _____

Entiendo que la participación en este paseo de estudio es enteramente voluntaria. Yo voluntariamente acepto pagar todos los gastos necesarios del alumno arriba mencionado para que participe en el paseo, incluyendo, pero sin limitarse al costo de transporte, comida, alojamiento y seguro que pudiera requerir el Distrito Escolar Unificado de San Diego.

Entiendo que cualquier arreglo de viaje hecho por medio de una agencia de viajes es responsabilidad exclusiva de esa agencia.

Estoy consciente de las disposiciones del Artículo 35330 del Código de Educación de California, que declara, en parte, que "...Se considerará que todas las personas que realizan el viaje o excursión han renunciado a toda queja, contra el distrito o el Estado de California por herida, accidente, enfermedad o muerte que ocurriera durante o a causa del paseo de estudio o excursión...."

Además acepto que si, en la opinión de un representante debidamente autorizado del Distrito Escolar Unificado de San Diego, fuera necesario procurar atención médica de emergencia al alumno arriba mencionado debido a un accidente o enfermedad, dicha atención podría procurarse sin mi consentimiento. Yo personalmente asumo responsabilidad por cualquier costo resultante de dicha atención que no esté cubierto por un seguro.

Ejecutado en la Ciudad de San Diego, Condado de San Diego, Estado de California, el

Fecha

Padre/Madre/Tutor
Domicilio:

Teléfono: _____

(SAMPLE)

MEDICAL FORM

Student's Name _____ Date of Birth _____

Address _____ Telephone _____

Parent/Legal Guardian _____

Parent's Employer _____ Telephone _____

EMERGENCY PHONE NUMBERS

Day Phone

Father _____ Mother _____ Friend _____

Evening Phone (other than home) _____

MEDICAL INFORMATION

Medicines in student's possession _____

List any allergies to medications _____

Date of last tetanus shot _____

List any pertinent medical history or chronic medical problems _____

Medical Insurance

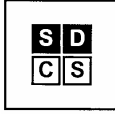
(Insurance company)

(Name of insured)

(Policy Number)

Signature _____
(Parent/Legal Guardian)

Date _____



San Diego City Schools
Community Relations Department



VOLUNTEER CODE OF CONDUCT

(This document defines the district's expectations for all school volunteers.)

As a volunteer, I agree to abide by the following code of volunteer conduct:

1. Immediately upon arrival, I will sign in at the main office or the designated sign-in station.
2. I will wear or show volunteer identification whenever required by the school to do so.
3. I will use only adult bathroom facilities.
4. I agree to never be alone with individual students who are not under the supervision of teachers or school authorities.
5. I will not contact students outside of school hours without permission from the students' parents.
6. I agree not to exchange telephone numbers, home addresses, e-mail addresses or any other home directory information with students for any purpose unless it is required as part of my role as a volunteer. I will exchange home directory information only with parental and administrative approval.
7. I will maintain confidentiality outside of school and will share with teachers and/or school administrators **any** concerns that I may have related to student welfare and/or safety.
8. I agree to not transport students without the written permission of parents or guardians or without the expressed permission of the school or district and will abide by District Administrative Procedure # 4586 when transporting students.
9. I will not disclose, use, or disseminate student photographs or personal information about students, self, or others.
10. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.

I agree to follow the Volunteer Code of Conduct at all times or cease volunteering immediately.