

**TUBA CITY UNIFIED SCHOOL DISTRICT NO. 15
POST OFFICE BOX 67
TUBA CITY AZ 86045**

FIELD TRIP PACKET

(ENTIRE field trip packet must be typed and submitted to Principal for review)

LOG # _____
T.A. # _____

Tsinaabaas Habitiin Elementary School	Tuba City High School
Dzil Libei Elementary School	Tuba City High School-Athletic Trip
Tuba City Primary School	Tuba City Alternative School
Eagle's Nest Intermediate School	
Tuba City Jr. High School	

CONTENTS OF PACKET

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3. Student Roster for Enrichment Activity
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7. Sack Lunch Request Sheet
8. Injury Report Sheet (Athletic Trips Only)
9. Field Trip Evaluation Form

BE ADVISED THAT:

1. Incomplete Field Trip Packets will be returned. Signature of driver, if using a district vehicle, must be completed.
2. ALL OVERNIGHT TRAVEL MUST BE BOARD APPROVED PRIOR TO DATE OF TRAVEL.

Approved and Signed by: _____ Date: _____

Board Approved: _____ Packet Returned to Principal: _____
(Date) (Date)

Packet Returned to Athletic Director (*Athletic Trips Only*): _____
(Date)

**TUBA CITY UNIFIED SCHOOL DISTRICT
K-12 FIELD TRIP REQUEST FORM
(Must Be Typed)**

Date of Request:			
Teacher(s) responsible for trip:		Phone:	
Class/Club or Organization:			
Anticipated Number of Students:			
Date of Trip & Destination:			
Total cost of trip: \$ _____			

Travel Authorization
Mode of Transportation: Bus _____ Truck _____ Van _____
Number of Travelers: Students _____ Adults _____ Coaches (Athletic trips only) _____
Driver's Signature (must be completed):
Date:

Authorized Signatures			
	Status	Date Received & Approved	Initials
Principal	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Superintendent	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Business Manager	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Athletic Director (Athletic Trips Only)	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		

TUBA CITY UNIFIED SCHOOL DISTRICT ESTIMATED EXPENSES

This is a field trip worksheet form only and is neither an authorization nor approval to extend any Activity Account or other Budget Funds. However, if the field trip is allowed, no expenditures will be allowed except those stated below. The Principal's secretary will return the field trip packet if this form is not completed.

MEALS	
BREAKFAST:	
No. _____ @ \$ _____ per Student	= \$ _____
No. _____ @ \$ _____ per Adult	= \$ _____
LUNCH:	
No. _____ @ \$ _____ per Student	= \$ _____
No. _____ @ \$ _____ per Adult	= \$ _____
DINNER:	
No. _____ @ \$ _____ per Student	= \$ _____
No. _____ @ \$ _____ per Adult	= \$ _____
Total Cost Meals = \$ _____	

LODGING			
Motel:		Phone:	
Address:	City/State:	Zip:	
# of Person(s) _____	# of Rooms _____	@ \$ _____ per room	
# of Person(s) _____	# of Rooms _____	@ \$ _____ per room	
(4 persons per room-\$25.00 Maximum)		\$ _____ Total Cost of Rooms	

MISC. FEES	
Entrance Fee:	Transportation Cost:
Students _____ @ \$ _____ = \$ _____	Small Bus Fee \$1.85 @ _____ miles = \$ _____
Adults _____ @ \$ _____ = \$ _____	Large Bus Fee \$1.95 @ _____ miles = \$ _____
*Other _____ @ \$ _____ = \$ _____	Total Transportation Cost = \$ _____
*(Please indicate here: _____)	
Total Cost of Misc. Fees = \$ _____	

GRAND TOTAL (Meals, Lodging & Misc. Fees) \$ _____

1. Are funds available in Class, Club or Organization's Activity Account? [] Yes [] No
 2. Will School's Budget Funds be utilized? If yes, please list account numbers and amounts: [] Yes [] No
 Acct.# _____ \$ _____
 Acct.# _____ \$ _____
 3. Other finances that will be utilized:
 Individual \$ _____ Club \$ _____ Other \$ _____ Total \$ _____
- (Figures from #2 and #3 should match the Grand Total above)**

Principal Signature: _____ Date: _____

NOTE: Do not leave on field trip without receiving appropriate forms from the Principal or Business Office to "pay" for above expenses.

TUBA CITY UNIFIED SCHOOL DISTRICT STUDENT ROSTER FOR ENRICHMENT ACTIVITY

Distribute copies to the following:

1. One copy goes to Principal's Secretary for the Daily Bulletin no later than 12:00 noon the day before your field trip.
 2. As you load for departure, correct the list by circling names of those not present. Leave ONE corrected copy with the Principal's Secretary.
 3. Keep a copy for your trip.
- **A student must be on the list initially and must have submitted a signed parent permission slip in order to be allowed to make the trip.**

Date of Activity: _____		
Teacher(s)/Sponsors/Chaperones:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Class/Club/Organization: _____		
Departure Date: _____	Time: _____	
Return Date: _____	Time: _____	
Destination: _____		

List Students Alphabetically

Student Name	Student Name
1.	21.
2.	22.
3.	23.
4.	24.
5.	25.
6.	26.
7.	27.
8.	28.
9.	29.
10.	30.
11.	31.
12.	32.
13.	33.
14.	34.
15.	35.
16.	36.
17.	37.
18.	38.
19.	39.
20.	40.

**TUBA CITY UNIFIED SCHOOL DISTRICT
TRAVEL AGENDA**

Enrichment Activity:	Date(s):
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Arrival & Departure Date(s) & Time(s)	Description of Activity/Location	INSTRUCTIONS: Include all activities, destinations, restaurants and motels. Provide complete addresses and phone numbers.

**TUBA CITY UNIFIED SCHOOL DISTRICT
SCHOOL FIELD TRIP
PARENTAL PERMISSION FOR PUPIL PARTICIPATION**

This is a notice to parents or guardian that a school sponsored activity is planned for your child/children. The parent is requested to sign and return the form before the student takes part in the activity. A student may be denied participation because of misconduct, excessive absence or critical academic standing.

PARENTAL PERMISSION

A trip is planned for the students at _____ to go on a school
(Class/Club/Organization)

sponsored activity to _____ on _____.
(Place) (Date)

They will leave approximately _____(AM) and return approximately _____(PM).

TRANSPORTATION WILL BE PROVIDED BY THE SCHOOL DISTRICT

In case of illness or injury while on the trip, the sponsor will seek necessary medical aid and the parent will be notified promptly of the need.

I hereby give permission for _____ to participate in this school sponsored activity.

Parent/Guardian Signature

Address

Telephone No.

Date

**IMPORTANT: STUDENTS GOING ON BUS TRIPS MUST RETURN BY BUS UNLESS
ADVANCE WRITTEN PERMISSION OR PERSONAL CONTACT IS MADE BY THE PARENTS
TO THE SPONSOR.**

**TUBA CITY UNIFIED SCHOOL DISTRICT
FIELD TRIP EDUCATIONAL VALUE FORM**

1. What is the Educational Purpose and Value of the Trip for Students?

2. What Pre-trip Orientation was made with the students?

3. What use or follow-up will be made following the trip?

APPROVAL FOR TRIP:

Teacher/Sponsor: _____ Date: _____

Principal: _____ Date: _____

Superintendent: _____ Date: _____

**TUBA CITY UNIFIED SCHOOL DISTRICT
SACK LUNCH/BREAKFAST REQUEST FORM
Food & Nutrition Service**

1. All sack lunch request. Must be received in the **Food & Nutrition Office** 10 school days prior to the date of the trip.
2. All requests submitted incomplete will be returned to the original requester.
3. CANCELLATIONS MUST BE MADE 24 HOURS PRIOR TO THE SCHEDULED PICKUP. If meals are not cancelled. **THE ORIGINAL REQUESTER WILL BE INVOICED FOR THE MEALS.**
4. A list of students attending the trip must be submitted in the Food Service Cashier at that school. **ON THE DAY OF THE TRIP BEFORE THE SACK LUNCHES WILL BE RELEASED FOR PROPER IDENTIFICATION.**
5. Please complete the list on the back of this form for students, fill in the name and ID number of each students attending the trip.
6. Adult Sacks **MUST BE PAID PRIOR** to scheduled pick up. Adult sack lunches are \$3.00 per lunch. Adult breakfast sacks are \$2.25.
7. If you are requesting specific items, please note there is an additional charge for these items.
8. ANY questions, please call 928-283-1120/1120. We will be happy to help you.

Today's Date: _____		
Date of Trip: _____	Time to Pick Up: _____	Destination: _____
School/Dept: _____	Grade: _____	Class: _____
Teacher/Sponsors: _____		Signature: _____
Meal Type: Breakfast: _____ Lunch: _____ No. of Students: _____ No of Adults: _____ Total Meal Requested: _____ Meals not taken: No. of Students: _____ No of Adults: _____ Total Meal not Taken: _____		
Payment Type: Accounts: _____ Cash: _____ Purchase Order No.: _____ Approved by Principal/Designee: _____ Date: _____		
FOOD & NUTRITION SERVICE ONLY		
Invoice#: _____		
Directors Signature: _____		Date: _____
Kitchen Site Received: _____	Date: _____	Assigned to: _____
Completed by: _____	Picked up by: _____	Date: _____

Sack Lunch/Breakfast Student List

Date of trip: _____ Student checked by: _____

Teacher(s): _____

Student Name

Student Name

Total Sacks Taken: _____

TUBA CITY UNIFIED SCHOOL DISTRICT
STUDENT INJURY REPORT FORM (*Athletic Trips Only*)

Complete the Student Injury Report Form **as soon as possible** after the accident occurs and forward the report to the Athletic Director. The form will be returned if there is any missing information.

STUDENT INFORMATION			
Name of School and Organization (Clubs, sports, class activities, etc):			
Name of Injured Person (STUDENT):			
Social Security #:	Age:	Grade:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Injury (ACCIDENT):		Time of Injury: _____AM _____PM	
Place of Injury:			
Injury occurred at <input type="checkbox"/> Practice <input type="checkbox"/> At Home <input type="checkbox"/> Game <input type="checkbox"/> P.E. <input type="checkbox"/> Classroom <input type="checkbox"/> Other			
Type of Sports:			

DESCRIPTION OF ACCIDENT	
How did the accident happen? (State all details including any tools, machinery or instruments involved)	
Part of body injured:	
Side Injured: <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> BOTH	Fatal: <input type="checkbox"/> Yes <input type="checkbox"/> No
If hospitalized, name of hospital:	

Remarks: What action or recommendations were made to prevent other accidents of this type?

Name of Parent(s) or Guardian(s):	Date Notified:	
Telephone No. or Place of Residence:		
Name of Witness(es) to the accident:		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Athletic Director: _____ Date: _____

Signature of Principal: _____ Date: _____

**TUBA CITY UNIFIED SCHOOL DISTRICT
FIELD TRIP EVALUATION FORM**

This form should be completed within 3 days of any field trip and submitted to your principal.

Date of Report:	
Teacher's Name:	Grade:
No. of Students who participated in the trip: _____	
No. of Adults who participated in the trip: _____	

1. What class activities or lessons were undertaken before the trip?

2. How does this field trip relate to/or emphasize yearly curriculum goals?

3. What activities in the class have been undertaken to review what was experienced on the trip?

4. What could be done to improve future trips?

(If additional space is required, please attach a separate sheet and return to the Principal's office)