RGSD FIELD TRIP PROCEDURES & RELATED FORMS

Completed Packets for Approval

Must Include:

Page 4 - Field Trip Outline

Page 5 – CSIP Request Rationale

Page 6 – Field Trip Leave Request Form

Supporting Documentation – Vendor information, brochure, website attachment, etc.

First Student Bus Request Form

Field Trip Request Procedures

All Field Trip Requests:

- K-12 requires the approval of the Assistant Superintendent of Student, School, and Community Service. (**Dr. Tanya Patton**) tapatton@rgsd.k12.mo.us;
- Must be received by the District-level Administrative Assistant, LaJuana Maclin (Imaclin@rgsd.k12.mo.us)
 4 weeks in advance of field trip;
- Must have Student Permission Slips for all students attending Field Trip (*Do not send with packet*).

Field trips are scheduled and coordinated at the building level by the following:

- The attending staff member(s)
- Principal
- Building Administrative Assistant

All Attending Staff:

- Complete Field Trip Outline & Comprehensive School Improvement Plan (CSIP) (pg. 4-5) -Outlining documentation of field trip facility, estimated expenses, activity etc. (ex). (Brochure, website print out) -Provide rationale for participation as it relates to meeting the District's CSIP objectives
- Complete Professional Day Leave /Field Trip Leave Request Leave Form) (pg. 6)

 -Field trip budgets are outlined as line item 6349 "Field Trips/Admission" in the Budget Handbook
 -Verification of current balances is accessible in Munis
 -Field trip funds do not cover any sponsor/chaperone expenses
 -Record Absence in Frontline AESOP
- Submit completed packet to building administrative assistant to verify funding and obtain principal's signature of approval or denial.

Principal/ Responsibilities:

- Approve or Deny field trip packet; Submit completed packet to Assistant Superintendent of Student, School, and Community Service. (**Dr. Tanya Patton**) <u>tapatton@rgsd.k12.mo.us</u> for final approval signature.
- It is the responsibility of the requesting school's Administrative Assistant or Principal, to contact food services at least two (2) weeks in advance for all food requests. Failure to do so may result in requested order being unfilled.

Assistant Superintendent of Student, School, and Community Service: (Dr. Tanya Patton)

• <u>Sign Packet - Approve or Deny</u> – Return packet by email, verifying approval or denial to the requesting teacher(s), principal and building administrative assistant with all necessary signatures.

Building Administrative Assistant Responsibilities:

Upon receipt of approval, the Building Administrative Assistant proceeds with field trip coordination

• All field trip requests are to be sent via Info Finder to the Transportation Department (**First Student**) Four (4) weeks prior to the date of the trip & completed electronic bus request form.

Transportation Department Responsibilities:

• The Transportation Department will provide confirmation of bus request to the building administrative assistant, principal, attending staff (teachers) and Office of Student Services.

FIELD TRIP OUTLINE

	est Timeline Prior to Date of Field Trip 4 – Weeks for ALL field trips												
Date of Trip:	 	School:											
Sponsor Name (s):	 												
Contact #	 												
Grade:	 												
Departure Time:	 	Return Time	:										
Total # of Students:	 	Total # of Adults:											
Total # of Buses: Destination:		•	ds:Yes _	No									
Address:													
Phone #:													
Will a stop need to be ma		Yes No	1										
Facility:	 Activity	Total	Per Student										
	Registration	Total Students	Per Student Cost	TOTAI Cost									
Address:	 Current Registration Lunch Food Services												
Address:	Registration — Lunch Food Services Lunch Other												
Address:	 Registration Lunch Food Services												
Address:	 Registration Lunch Food Services Lunch Other Facility												
Address:	 Registration Lunch Food Services Lunch Other Facility Lodging												
	 Registration Lunch Food Services Lunch Other Facility Lodging Other TOTALS	Students	Cost										
Address:	 RegistrationLunch FoodServicesLunch OtherFacilityLodgingOther	Students		TOTAI Cost									
Address:	 Registration Lunch Food Services Lunch Other Facility Lodging Other TOTALS	Students	Cost										
Address:	 Registration Lunch Food Services Lunch Other Facility Lodging Other TOTALS	gnature	Cost	Cost									

Comprehensive School Improvement Plan – Request Rationale

Field trip justification is to be aligned the District's Comprehensive School Improvement Plan (CSIP) stated objectives for student academic achievement and parent and community involvement. Provide rationale for participation in the requested field trip as it relates to meeting the District's CSIP objectives.

1. Explain how this activity aligns with addressing District Accountability Goals or building goals for improved student performance.

2. Explain how this activity will enhance your knowledge and/or skills as an educator.

3. Provide related learning experiences, classroom instruction, and preparation prior to field trip.

Sponsor's Signature

Date

Principal's Signature

Date

Assistant Superintendent's Signature/ Date

REV 9/2022

Attach supporting documentation of field trip request that includes vendor information, brochure, web site etc.

PROFESSIONAL DAY LEAVE | FIELD TRIP REQUEST LEAVE FORM

Approval Request Timeline Prior to Date of Field Trip

4 – Weeks for ALL Field trips

Building:	Position:												
	Field Trip	Summary											
Name of Field Trip: Organization: Location: Time of Activity :		e(s) of Activity:											
5	ource for Field Trip dging, travel, food cost etc.	Estimated Expenses											
School Improvement Carl Perkins (High Sch A+ Grant (High Schoo	e Grant Title IV (Federal) Funds (Federal) ool) I) d	<pre>\$Registration \$Substitute Cost \$94 full day, \$47 half day INDICATE ASSOCIATED EXPENSES WITH AN "X"Bus/Van RentalHotelHotelMeals \$Total Estimated Expenses</pre>											
Subst	itute Request	Funding Source for Substitute											
Yes: No: Grade Level: Root Full Day: Half Day: Date (s): To: F Name: Substitutes Job #:	m #:	\$94 full day, \$47 half day, 4-hour minimum Substitute Pay Title I (Federal)Title II A (Federal) Safe Schools/Drug Free Grant Title IV (Federal) School Improvement Funds (Federal) Carl Perkins (High School) A+ Grant (High School) Other:											
	SIGI	NATURES											
Sponsor's Signature	Date	Principal's Signature Date											

	CUSTOMER ACCOUNT INFORMATION
COMPANY NAME:	
MAIN CONTACT EMAIL:	
PHONE:	
ADDRESS:	
CITY, STATE, ZIP	
A/P CONTACT NAME:	
AP CONTACT PHONE:	
AP CONTACT EMAIL:	

First 🎓 Student Charter Bus Rental

			PLEASE CHECK ONE OF THE BOXES BELOW:	Email to: Z2CUSTOM ERCARE (Please send in Excel	r
Quote AND Book	Book	Quote	BOXES BELOW:	@FIRSTG ROUP.COM format only]	

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																																INCLUDING CITY, ZIP CODE		TRIP INFORMATION
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