



FIELD STUDY TRIP - REQUEST FOR APPROVAL - SIDE 1

INSTRUCTIONS: For standard trip complete all information on side 1, and submit Form A to Instructional Supervisor at least three (3) weeks prior to the planned departure date. If the destination involves overnight travel or one-way mileage exceeding 99 miles, the trip is categorized as an "extended field study trip" requiring Board of Trustee approval. For extended trips, complete BOTH sides of Form A and submit it to instructional supervisor at least two months prior to proposed trip. PLEASE PRINT OR TYPE.

Date(s) of proposed field study trip: _____

Destination: _____

Type of activity: _____

☐ standard field study trip

☐ extended field study trip

(COMPLETE INFORMATION ON THE REVERSE SIDE FOR EXTENDED FIELD STUDY TRIP.)

Learning Objectives/Outcomes: _____

Estimated number of students who will be participating: _____

Number of adult supervisors: _____ (LIST NAMES; INDICATE WHETHER THEY ARE DISTRICT EMPLOYEES OR PARENT/ADULT VOLUNTEERS.)

Transportation arrangements: ☐ public transportation ☐ private auto ☐ bus

(BUSES MUST BE UNDER CONTRACT WITH ROP. COMPLETE "FIELD STUDY TRIP BUS TRANSPORTATION REQUEST," FORM D, AND ATTACH TO FORM A. SUBMIT BOTH FORMS TO INSTRUCTIONAL SUPERVISOR.)

Cost per student \$ _____ Total cost \$ _____

Source of funds? _____

REMINDER: NO STUDENT MAY BE EXCLUDED DUE TO LACK OF FUNDS.

I HEREBY CERTIFY THAT ALL OTHER REQUIREMENTS OF ROP POLICY 6153 WILL BE COMPLETED AND ON FILE IN THE ROP OFFICE PRIOR TO DEPARTURE. (SEE CHECKLIST ON REVERSE SIDE TO ENSURE COMPLIANCE.)

Instructor's Name (please print)

Instructor's Signature

Date

Course Title

Course No.

Recommend Approval: _____

Administrator, Instructional Programs

Date

Approved: _____

Assistant Superintendent, Educational Services

Date

NOTE: For Extended Field Study Trip, Complete Side 2.

EXTENDED FIELD STUDY TRIP - SIDE 2

A proposal for an extended field trip should be submitted to the Administrator, Instructional Programs at least two months prior to the planned date. The proposed trip must have Board approval before being offered to students and parents.

LODGING:

Location: _____

Phone No.: _____

MEALS:

☐ Students provide own ☐ Included in cost ☐ other _____

ALL EXTENDED FIELD STUDY PARTICIPANTS, INCLUDING ADULT VOLUNTEERS, SHALL BE DETERMINED TO HAVE WAIVED ALL CLAIMS AGAINST THE NORTH ORANGE COUNTY REGIONAL OCCUPATIONAL PROGRAM, THE INSTRUCTORS, AND THE BOARD OF TRUSTEES FOR INJURY, ACCIDENT, ILLNESS, OR DEATH OCCURRING DURING OR BY REASON OF THE FIELD TRIP. ALL PARTICIPANTS MUST SUBMIT A MEDICAL/DENTAL TREATMENT AUTHORIZATION AND WAIVER OF LIABILITY (FORM C).

RECOMMEND APPROVAL: _____
Administrator, Instructional Programs Signature Date

RECOMMEND APPROVAL: _____
Assistant Superintendent, Educational Services Signature Date

SUPERINTENDENT'S SIGNATURE: _____

DATE APPROVED BY BOARD OF TRUSTEES: _____

FIELD STUDY TRIP REQUIREMENT CHECKLIST:

1. a. **Field Study Trip**, Form A, submitted to instructional supervisor for approval. _____
b. **Extended Field Study Trip**, Form A, Sides 1 & 2, submitted to instructional supervisor for approval. _____
2. **Transportation Request**, Form D, completed, if needed, and submitted to instructional supervisor for approval. _____
3. **Field Study Trip Notice**, Form B, **or Extended Field Study Trip; Medical/Dental Treatment Authorization/Waiver of Liability**, Form C: _____
 - a. sent home for required signatures, after APPROVED Form A has been returned to instructor, or verbal authorization has been given; _____
 - b. completed forms, with required signatures, in instructor's possession prior to trip. _____
4. **Emergency Cards** and information in instructor's possession during trip. _____



STUDENT FIELD STUDY TRIP NOTICE

(FOR REGULAR FIELD TRIPS ONLY. USE FORM C FOR EXTENDED FIELD STUDY TRIPS.)

This is to notify you that our _____
 class(es) will be taking a field study trip to _____ on _____. We will
 be leaving _____ at _____, and will
 be returning to _____ at approximately _____.

Transportation will be provided by:

☐ Bus ☐ Private Auto ☐ Other _____

and will consist of _____ miles (approximately/round trip).

Instructor: _____

My signature indicates that I understand that this field study trip is part of the regular curriculum of this class and attendance is encouraged. I hereby give permission for _____ *Student* to attend this field study trip.

I further waive all claims against North Orange County ROP Board of Trustees, officers and agents for injury, accident or death occurring during or by reason of the study field trip. In case of an emergency, contact _____

Home Phone: () _____ Work Phone: () _____

 Adult Student's Signature/Date

 Parent's/Guardian's Signature/Date

 Career Guidance Specialist's Signature

 Date

ROP policy requires that a high school student's completed field study trip permission form be submitted to the student's high school Career Guidance Specialist's (CGS) office **ten (10) school days prior to the field study trip**, signed by all concerned. The CGS will coordinate the student's release from other classes.

Adult Students & Parents/Guardians of Minors: Please see and sign reverse side, if your student/you are driving a personal automobile on field study trip.

NOTE: Students driving personal automobiles to the field study trip site must have automobile liability insurance and a valid driver's license. ROP PROCEDURE PROHIBITS STUDENTS UNDER 18 YEARS OF AGE FROM TRANSPORTING OTHER STUDENTS. Please see reverse side of this form for liability statement.



**All drivers must complete this form.
Parents of student drivers under 18 years of age must sign.**

LIABILITY INSURANCE STATEMENT

I understand that, as a non-employee driver of students attending a school-authorized activity, I am not covered by the North Orange County Regional Occupations Program's insurance, and I agree to and do hereby indemnify and hold harmless the North Orange County Regional Occupational Program, its officers, agents, and employees from every claim or demand made, and every liability, loss, damage, or expense, of any nature whatsoever, which may be incurred by reason of the transportation of myself and/or other students to and from school authorized activities. I hereby certify that I have a valid driver's license and carry personal liability insurance.

Field Study Trip Destination

Field Study Trip Date(s)

Driver's Signature

Date

Parent's Signature

Date

INSTRUCTIONS:

- PARENTS/GUARDIANS OF HIGH SCHOOL STUDENTS OR DEPENDENT ADULTS COMPLETE:**

(List inclusive dates - beginning to ending dates) We understand this is a part of the class curriculum and attendance is encouraged.

Date

MEDICAL/HEALTH INFORMATION: (All students complete.)

Date _____

FF/Field Trip Forms 7/99 FORM C (FRONT)