Step 1

Check List for Lead Sponsor
In or a Surrounding County (Duval, Baker, Bradford, Clay, Nassau, St. Johns or Union)

PRIOR TO making any commitment to any field trip vendor and/or initiating any activities to finance any field trip, the Approval Request Form (Step 2) must be signed by the Principal.

The outlined time-schedule is a “minimum” time requirement for field trips to be approved and processed due to the need for transportation confirmation, collection of funds, etc. Various steps below may be processed earlier, which is typically dictated by the destination (venue) that will be visited.

3 WEEKS PRIOR TO TRIP

☐ Step 2: Approval Request Form
  • Lead sponsor must be a certificated employee
  • Make sure the student cost worksheet, destination(s) contact form, and any documents supporting educational value are attached to the approval request form

☐ Step 3: Bus Reservation – Field Trip Request Form
  • Process only after Approval Request Form has been approved in writing
  • Each school processes differently, typically done by bookkeeper or Principal’s designee (Note: The Bus Vouchers are not to be “signed-out” to the sponsor until the day before or the day of the field trip. See step 12)

☐ Step 4: Prepare the Parent/Guardian Consent Form & Indemnity Agreement
  (and Medical Release Form… only if field trip is OUT of Duval county boundaries)
  • Process only after the Approval Request Form has been approved and the Bus Reservation has been confirmed
  • Fill-in and complete the form(s)
  • Disseminate completed form(s) to teachers, so it may be distributed to students/parents

2 WEEKS PRIOR TO TRIP

☐ Step 4 continued: Distribute the Parent/Guardian Consent Form & Indemnity Agreement
  (and Medical Release Form… only if field trip is OUT of Duval county boundaries)
  • Teachers are to distribute to students/parents/guardians

☐ Step 5 (if applicable): Permission for Administration of Medication Form
  • Teachers will distribute to parents/guardians on an “as requested” basis
  • Receive completed and signed forms with medication, a minimum of two school days prior to the field trip date. Note: must be delivered to school by parent/guardian, never a minor student
  • Students that have existing medication and permission forms located at the school (clinic), will have the medication and form checked-out of the clinic the day of the field trip and checked-in upon return from the field trip by the lead sponsor or employee designee

☐ Step 6: Receipt monies collected
  • Monies MUST be turned into the bookkeeper once $40 collected is reached and
  • ALL monies MUST be turned in to the bookkeeper, no matter the amount (even $1), the last business day of each week (typically Fridays unless school is closed)
Step 7 or 7A: Bag Lunch Request Form
• Submit to Cafeteria Manager (even if no lunches will be ordered)

Step 8: Request for Purchase Approval and Check Request Form
• This is an Internal Accounts form to have a check issued
• Completed and signed form must be received by the bookkeeper a minimum of 3 days prior to the date check is needed
• May need multiple forms: School Bus cost, Venue (admission cost), etc.
• Pay attention to vendor deadlines as to when deposits or prepayments are due
• Lead sponsor is responsible for obtaining a Receipt from all vendors for all checks issued

1 WEEK PRIOR TO TRIP

Step 9: Volunteer Chaperone Responsibility Form
• Must receive all completed and signed forms (Note: prior to leaving for the field trip verification of “approval” status must be obtained with the volunteer liaison.)

Step 10: Verify chaperone’s DCPS volunteer approval status
• Volunteer chaperones may not attend the field trip unless the volunteer chaperone’s “approval” status has been verified (and the responsibility form is obtained and signed)

Step 11 (if applicable): Student Return-Transport Release Form
• Must receive completed and signed forms prior to leaving for the trip

Step 12: Leave Form
• ONLY Teachers who request a Kelly substitute for their classroom/students are required to submit a “TDE-Other” leave form and note in the comments “Field Trip – substitute utilized” For example: Band teacher who takes only advance-band classes on a field trip and requests a Kelly substitute teacher for remaining beginning-band classes

DAY BEFORE OR THE DAY OF THE TRIP

Step 13: Universal Field Trip/Bus Voucher(s)
• The lead sponsor is responsible for signing-out all the DCPS Universal Field Trip Expense Vouchers from the bookkeeper and then assigning the voucher to the appropriate employee for completion on each bus (don’t forget pens!)
• The DCPS employee completing the voucher on each bus is responsible for writing the correct mileage and times, NOT the bus driver

Step 14: Classroom and/or Group Information Sheet
• Teachers whose classrooms are attending the field trip are to make arrangements for their students “not” participating in the field trip to stay with another classroom/teacher
• Teachers are to group the below documents in the following order:
  Top: Classroom and/or Group Information Sheet
  Middle: Parent/Guardian Consent Forms – alphabetical order by student name
  Bottom: Volunteer Chaperone Responsibility Forms (verified) – alphabetical order

• The “Destination Contact Form” (page 3 of the Approval Request Form) is to be in the lead sponsor’s mail box before leaving for the field trip
Step 15: Pick-up Bag Lunches (if applicable) & Field Trip Temperature Log

- Teacher(s) and students who ordered bag lunches from the cafeteria must pick-up the lunches together the morning of the field trip.

Lead Sponsor must maintain on the field trip and is responsible for:

- Medical Release Forms… only if field trip is OUT of Duval county boundaries
- Permission for Administration of Medication forms with medications for applicable students
- List of volunteer chaperones with cell phone numbers and student assignments
- Pre-signed Student Return-Transport Release forms
- Bus Voucher assignments and the collection of Bus Vouchers upon return
- Field Trip Attendance List (Step 16)

UPON RETURN OF THE TRIP

Return to the Cafeteria Manager (if applicable)

- “Accountability Roster” for the student bag lunches ordered from the Cafeteria

Lead Sponsor is to provide to the Bookkeeper

- Bus Voucher(s) completed and signed for payment
- Receipt(s), if applicable, that were collected from the Vendor(s) for checks that were issued
  Note: receipts are to be signed by lead sponsor

Field trip documents: Retention guidelines?

- Maintained by each classroom teacher for his/her students.
- Each classroom teacher will turn these documents in to the bookkeeper at the end of the school year for document destruction (retained or destroyed?).
  - Parent/Guardian Consent forms
  - Medical Release Forms… if field trip was OUT of Duval County boundaries
  - Permission for Administration of Medication forms
  - Volunteer Chaperone Responsibility forms
  - Student Return-Transport Release forms
Step 2
Approval Request Form with Student Cost Worksheet and Destination(s) Contact Form
In or a Surrounding County (Duval, Baker, Bradford, Clay, Nassau, St. Johns or Union)

Submit a minimum of three weeks prior to field trip date.

Lead Sponsor of Field Trip:

Destination: Address

Destination: City State

Departure Date:  

Time: (time bus is to arrive at the school for pick-up)

Return Date:  

Est. Time: (estimated return arrival time at the school)

Mode of Transportation:

Cost per Student: $ [see page 2]

Estimated Total Number of Students:

Note: Times must not conflict with morning and afternoon bus route schedules.

Cost of a trip may be assessed to students; however, a student will not be denied the right to participate for failure to pay.

Attach documents which support the educational value of this field trip, such as Lesson Plans to include Standards utilized and Culminating Activities.

PURPOSE of the field trip is required and how it relates to the curriculum:

PARTICIPATING FACULTY STAFF: The school will have 1 lead sponsor for the first 10 students and 1 additional chaperone (employee or approved volunteer) for each 10 additional students. However, there must be 1 employee on each mode of transportation (3 buses = 1 sponsor + 2 certificated employees). Field trips for Secondary students (grades 6 to 12) must have both male and female sponsors, as applicable. List employees participating in this trip:

1. 
2. 
3. 

FUNDING: source of this field trip will be from: please mark with an "X" in the appropriate box

<table>
<thead>
<tr>
<th>Internal Accts/Students</th>
<th>Fundraiser</th>
<th>School’s District Budget</th>
</tr>
</thead>
</table>

Notes:

Reviewed by Bookkeeper /s/:

Date

School’s District Budget updated to include this field trip (If school does not have an Activities Director, signature is not required):

Notes:

Reviewed by Activities Dir. /s/:

Date

Proper safety precautions will be observed and all operational procedures in the Field Trip Handbook, as mandated by Board Policy 4.43, will be adhered to by the District employees participating in this field trip.

Once the necessary signature are obtained below, this form becomes the lead sponsor's authorization to continue the field trip process and the bookkeeper is to make a copy of the form to give to the lead sponsor which becomes the authorization to continue the field trip process.

The original form is to be attached to the Field Trip Voucher and is part of the documentation for the Purchase Approval/Check Requisition form which will be filed for audit by the bookkeeper.

Submitted by Lead Field Trip Sponsor /s/:

Date

Approved by Principal /s/:

Date

Approved by Risk Management

***Risk management approval is required for all trips involving high risk activities. Examples of high-risk activities include, but are not limited to, any direct (touching) contact with animals, any water activities, adventure hikes, camping, and more. If a school is unsure whether the activity is high risk, please contact the District’s Risk Management Department at 390-2258.

Page 1 of 3
# School Bus Calculator

<table>
<thead>
<tr>
<th>Description</th>
<th>Calculation</th>
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</thead>
<tbody>
<tr>
<td>Regular Bus: # of regular school buses</td>
<td>$23.40 per bus</td>
</tr>
<tr>
<td>ESE Bus: # of ESE school buses (may leave blank if none needed)</td>
<td>$0.70 per round-trip miles to all destinations per bus</td>
</tr>
<tr>
<td>Est. Bus Hours: # of hours per bus will be used (round-up to the 1/4 hour, e.g. 1, 1.25, 1.50, 1.75, 2)</td>
<td>$8.75 per hour</td>
</tr>
<tr>
<td>Monitors: # of bus monitors (typically for ESE students, may leave blank if none needed)</td>
<td>Hourly Rate for Monitors: to obtain cost see below* (may leave blank if none needed)</td>
</tr>
</tbody>
</table>

## Estimated school bus cost for field trip

When Bus Monitors are needed, they must be obtained by the DCPS contracted bus company (Paraprofessionals may not be utilized as “bus monitors”). The hourly rates for the Monitors are subject to change throughout the fiscal year. The current hourly rate cost for bus monitors may be obtained by contacting the Transportation Department at 858-6220. 15/16 rate is $8.05

## Estimated total number of students attending field trip (from page 1)

<table>
<thead>
<tr>
<th>Description</th>
<th>Calculation</th>
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</thead>
<tbody>
<tr>
<td>Per student: approximate school bus cost</td>
<td>-</td>
</tr>
<tr>
<td>Per student: other costs such as admission, lunch purchase, fees, etc.</td>
<td>-</td>
</tr>
<tr>
<td>Per student: Total Cost</td>
<td>-</td>
</tr>
</tbody>
</table>

## Rounded Cost per Student: Round-up to nearest quarter, e.g. $5.62 = $5.75

<table>
<thead>
<tr>
<th>Description</th>
<th>Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPLETE ONLY IF USING “OTHER MODE OF TRANSPORTATION” (e.g. charter bus)</td>
<td>Explain all costs for transportation, admission, lunch purchase, fees, etc. and attach all quotes:</td>
</tr>
</tbody>
</table>

## Rounded Cost per Student: Round-up to nearest quarter, e.g. $5.62 = $5.75

Page 2 of 3
<table>
<thead>
<tr>
<th>Destination(s) Contact Form</th>
<th>revised 02/21/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lead Field Trip Sponsor:</strong></td>
<td>Sponsor's Cell phone:</td>
</tr>
<tr>
<td><strong>Field Trip Date:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Destination 1:</strong></td>
<td></td>
</tr>
<tr>
<td>Approx. Time arriving at location 1:</td>
<td>Approx. Time departing location 1:</td>
</tr>
<tr>
<td>Destination Address:</td>
<td></td>
</tr>
<tr>
<td>Destination Address: City/State/Zip</td>
<td>City State Zip</td>
</tr>
<tr>
<td>Destination Contact:</td>
<td></td>
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<tr>
<td>Destination Phone:</td>
<td></td>
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<tr>
<td><strong>Destination 2:</strong></td>
<td></td>
</tr>
<tr>
<td>Approx. Time arriving at location 2:</td>
<td>Approx. Time departing location 2:</td>
</tr>
<tr>
<td>Destination Address:</td>
<td></td>
</tr>
<tr>
<td>Destination Address: City/State/Zip</td>
<td>City State Zip</td>
</tr>
<tr>
<td>Destination Contact:</td>
<td></td>
</tr>
<tr>
<td>Destination Phone:</td>
<td></td>
</tr>
<tr>
<td><strong>Destination 3:</strong></td>
<td></td>
</tr>
<tr>
<td>Approx. Time arriving at location 3:</td>
<td>Approx. Time departing location 3:</td>
</tr>
<tr>
<td>Destination Address:</td>
<td></td>
</tr>
<tr>
<td>Destination Address: City/State/Zip</td>
<td>City State Zip</td>
</tr>
<tr>
<td>Destination Contact:</td>
<td></td>
</tr>
<tr>
<td>Destination Phone:</td>
<td></td>
</tr>
<tr>
<td><strong>Destination 4:</strong></td>
<td></td>
</tr>
<tr>
<td>Approx. Time arriving at location 4:</td>
<td>Approx. Time departing location 4:</td>
</tr>
<tr>
<td>Destination Address:</td>
<td></td>
</tr>
<tr>
<td>Destination Address: City/State/Zip</td>
<td>City State Zip</td>
</tr>
<tr>
<td>Destination Contact:</td>
<td>Page 3 of 3</td>
</tr>
<tr>
<td>Destination Phone:</td>
<td></td>
</tr>
</tbody>
</table>
BUS REQUEST FORM-FIELD TRIP

Trip Date: 

Contractor Name: 

All Trip information must be EMAILED to the Contractor's Trip Coordinator at least (2) weeks before the trip.

***** Please fill out the top portion of this form completely to ensure the success of your request.*****

Today's Date: Voucher #

School / Grade: School Address:

Dept: (for ex. Band, Art, Music, Title 1)

Contact Person: Phone Number:

Email Address:

Destination #1: Address #1:

Destination #2: Address #2:

Departure Time: Sponsor Cell #

Number of Buses: Total # of Riders:

# of Non Lift Reg Bus(es): # of Wheelchairs:

# of Lift Bus(es): # of Ambulatory Students:

# of Monitor(s) Needed:

Return Time:

Return Time is the time the bus will be back at the school.

Special Instructions: _____________________________________

NOTE: CONTRACTORS ARE NOT RESPONSIBLE FOR ANY ITEMS LEFT ON THE BUS.

CONFIRMATION (Contractor Use Only)

*** We are NOT able to provide the service you requested.

Declined by: Date:

√√√ We will provide service at this time:

Confirmed by: Date:

√ The above information has been logged and confirmed. You will receive the bus(s) requested on the date requested.

√ If for any reason you need to Cancel your bus request Monday - Friday, please call & email your cancellation at least 2 hours prior to trip departure time. If you need to Cancel for a weekend trip, please call & email cancellation 24 hours prior to trip.

√ If you fail to cancel your field trip and the bus is on site, there is a cancellation fee of one (1) hour on school days; and three (3) hours on non-school days.
Parent/Guardian Consent Form and Indemnity Agreement

In or a Surrounding County Field Trip
(Duval, Baker, Bradford, Clay, Nassau, St. Johns or Union)

School: __________________________ / Teacher / Class / Group: ________________________________

will be attending a field trip to __________________________

Departing on ________ at _______ am         Returning on ________ at _______ pm
(date) (time leaving school) (date) (estimated time back at school)

Lunch Info/Instructions: ____________________________________________________________

Mode of Transportation: ____________________________________________________________

Total Cost per Student: $__________

Total Volunteer Chaperones needed for field trip: _______ (= _______ Male + _______ Female) Cost per Chaperone: _______

(Not all trips require multiple-gender chaperones. “n/a” in parentheses ( ) above indicates multiple-genders are not required or numbers indicate amounts needed.)

Payment Instructions: Return with payment no later than ____________________________

*Refunds may not be issued after this date.

Other Information and/or Instructions:

Please Print:

(Parent/Guardian) ____________________________________________, grant permission for (Student) ____________________________________________ to participate in the field trip as stated above for supervised activities, and agree to release and discharge the Duval County School Board, its officers, agents and employees, exercising reasonable care within their scope of employment, from liability growing out of personal injuries and property damage resulting or occurring during the afore mentioned activities, or in transit to and from said activity. EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission for my child to receive medical treatment. In case of an emergency, please contact:

1st Emergency Contact: ____________________________________________ Relationship: ____________________
(print name)
Cell #: ____________________ Work #: ____________________ Home #: ____________________

2nd Emergency Contact: ____________________________________________ Relationship: ____________________
(print name)
Cell #: ____________________ Work #: ____________________ Home #: ____________________

If the student needs medication during the field trip, a Permission for Administration of Medication form must be completed and brought to the school with the medication by the parent/guardian a minimum of two school days prior to the field trip date. A blank form may be obtained from the student’s teacher or the school’s front office.

As Parent or Guardian, I agree to all of the above stated considerations and conditions:

Parent/Guardian: ____________________________________________ Date: ____________________

(Signature required)

Person interested in serving as Volunteer Chaperone during this trip: ____________________________ **

(print name)

Relationship to student: ____________________ Contact Phone #: ____________________

**Person interested in participating as a Volunteer Chaperone must be an “approved” volunteer with the District prior to the field trip date. If he/she has not applied to be a volunteer within the last two years, he/she may do so via the internet at www.duvalschools.org.

At the main webpage, select “community” > “volunteer information” > “Apply to be a volunteer online.”
Permission for Administration of Medication
(Step 5)

IMPORTANT REQUIREMENT:
All medications must be physically brought to the school office by the Parent/Legal Guardian. (No medication may be handed to school personnel by a minor child.)

Prescribed Medication

Student: ___________________________ DOB: ________ School: _________________

Name of Medication: ___________________________ Doctor: __________________________

Prescription Number: ___________________________ Date of Prescription: __________________________

I, ___________________________, grant permission for the principal or the principal’s designee (Parent/Legal Guardian) to assist in the administration of prescribed medication for my child/legal ward, ___________________________.

I certify that the prescribed medication is in its original container and that it is necessary, according to my doctor’s instructions, for this medication to be provided during the school day, including when my child is away from school property on official school business. I understand that this medication will be given only according to the directions on the label as prescribed by the doctor. I further understand that it will be my responsibility to pick up any unused medication, within 30 days at the end of the school year.

Parent/Guardian: ___________________________________________ Date: __________
(Signature)

Non-Prescription (Over-the-Counter) Medication

Student: ___________________________ DOB: ________ Weight: __________

School: ___________________________

I request that my child/legal ward, ___________________________, be given external and/or internal medication identified below during the school day, including when my child is away from school property on official school business. I will provide the medication in its original container. I understand that such medication will be given only according to the following directions:

Medication: ___________________________ Amount: __________ When: __________
(Directions from the parent/guardian may not exceed the medication instructions on the label.)

Date Medication to be Discontinued: ___________________________

Further, I agree to waive any claims of liability that may arise against any school personnel relative to the administration of medication to my child according to these directions.

Parent/Guardian: ___________________________________________ Date: __________
(Signature)
REPORT OF MONIES COLLECTED

DATE: ______________________________________

ACCT NAME and No: ______________________________________

Prepare this form in duplicate. Submit both copies to financial agent for verification and signature. Sponsor/teacher retains verified yellow copy until school records have been audited.

MONIES OBTAINED FROM SOURCE INDICATED BELOW ARE TRANSMITTED HEREWITH FOR DEPOSIT

Student Activity Receipts/Community Education Receipts Attached:

Beginning No. ______________________________________

Ending No. ______________________________________

Voided SARJCER Nos. (List all)

Source: $ ______________________________________

$ ______________________________________

$ ______________________________________

$ ______________________________________

/S/ ______________________________________

(sponsor or Teacher)

I HEREBY CERTIFY THE ABOVE FUNDS ARE ALL RECEIVED BY ME FOR DEPOSIT.

/5/ ______________________________________

(Financial A.: 1or Principal)

If funds were held or shortage exists, principal’s signature is required.

IISI (Principal)

Official Receipt #
Bag Lunch Request Form ~ OUT-of-County Field Trip (Step 7A)

Submit, **even if NO bag lunches are needed**, to Cafeteria Mgr **three weeks prior to** field trip date. All Students (PAID, REDUCED, and FREE) can order a bag lunch for a field trip. All lunches must be paid for and accounted for when they are picked up by the student AND the teacher.

FIELD TRIP Date: ____________________          Date of Request: ____________________

Teacher: ____________________            Room #: ____________

Check the box if **NO** bag lunches are needed: □

Total number bag lunches: ____________ (list students below)

<table>
<thead>
<tr>
<th>Student ID Number</th>
<th>Student LAST Name</th>
<th>Student FIRST Name</th>
<th>Student Pick-up Lunch</th>
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<tbody>
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<td>19.</td>
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</table>

**Teacher:** Provide a cooler for lunches to be placed in. Return Accountability Roster after the field trip.

**Cafeteria Manager:** This form and the Accountability Roster, checked-off on the field trip, must be maintained with your daily reports.
INTERNAL ACCOUNTS (Step 8)
REQUEST FOR PURCHASE APPROVAL AND CHECK REQUISITION

------------------------SCHOOL NO.__________

IT IS REQUESTED THAT ____________________________________________ --

(ACCOUNT NAME AND NUMBER)

BE ENCUMBERED FOR ________________________________________________

(PURPOSE FOR PURCHASE OF MERCHANDISE/SERVICE TO BE USED BELOW)

PRICE IS NOT TO EXCEED $________ TO BE PURCHASED FROM ----------------

REQUESTING AUTHORIZATION ____________________________ DATE

(FACULTY/STAFF MEMBER'S SIGNATURE)

FUNDS AVAILABLE ____________________________________________ DATE

(SCHOOL FINANCIAL AGENT'S SIGNATURE)

APPROVED FOR PURCHASE ____________________________ DATE

(Principal's Signature)

***************************************************************

CHECK IS TO BE MADE PAYABLE TO ______________________________________

FOR THE AMOUNT OF $__________________________ ACCOUNT TO BE PAID FROM

REQUESTING PAYMENT ____________________________ DATE

(FACULTY/STAFF MEMBER'S SIGNATURE)

APPROVED FOR PAYMENT ____________________________ DATE

(Principal's Signature)

CHECK NUMBER ____________________________________________

<table>
<thead>
<tr>
<th>CAT. PG</th>
<th>ITEM</th>
<th>DESCRIPTION OF MERCHANDISE/SERVICE</th>
<th>QUANTITY</th>
<th>UNIT OF QUANTITY</th>
<th>UNIT PRICE</th>
<th>$MOun</th>
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</table>

ATTACH ADDITIONAL PAGES IF NEEDED PAGE______ OF_______
Volunteer Chaperone Responsibility Form
(Step 9)

Field Trip: ____________________________ on ____________________________ (date)

The following identifies requirements, responsibilities, and expectations for a Volunteer Chaperone to accompany students on Duval County Public Schools field trips. Please review, sign, and return to the teacher as soon as possible.

1. Volunteer Chaperones for field trips are to be in accordance with the School Board policy 9.63 “School Volunteers/Screening Process” and 4.45 “Chaperones for School Functions.”

2. Volunteer Chaperones must be 21 years of age or a parent/guardian of a student participating in the field trip and are required to complete a volunteer application and be approved by the District prior to the field trip. The application may be found at www.duvalschools.org (select “community” then “volunteer information”).

3. Volunteer Chaperones may not bring a younger child (e.g. student’s sibling) on the field trip. Absolutely no other children except for the DCPS students in a participating class or group may attend the field trip.

4. Volunteer Chaperones are asked to provide close supervision of small groups of no more than 10 students and should coordinate with the teacher for a list of their 10 student names.

5. Volunteer Chaperones and the teacher/sponsor are asked to exchange contact phone numbers, e.g. Chaperone’s cell, Sponsor’s cell, school number, etc. in case of emergencies during the field trip (all numbers are to be kept confidential).

6. Volunteer Chaperones are to arrive at the school prior to the departure time of the field trip for final instructions and are to follow assigned agenda of activities.

7. Volunteer Chaperones may be requested to accompany students on the approved mode of transportation or provide their own transportation then gather at the destination (based on available seating and number of volunteer chaperones participating).

8. ____________________________

9. Volunteer Chaperones are to IMMEDIATELY report ANY PROBLEMS directly to the teacher/school employee present during the field trip.

10. Volunteer Chaperones are not allowed to provide or administer any medications (over-the-counter or prescription) to students. Medications will only be administered to students by school employees in accordance with the School Board Policy 5.62 “Administration of Medication.”

11. No tobacco or alcoholic beverages are permitted during the field trip.

12. It is strictly prohibited for students to participate in any water-related activities such as swimming, boating, water skiing, etc. on any field trip.

I agree to adhere to the above requirements, responsibilities, and expectations and I have completed the Duval County Public Schools Volunteer Application within the last two years from the date below.

___________________________________________________________________________ Cost per Chaperone $__________

Signature of Volunteer Chaperone Date

___________________________________________________________________________ Return this form with payment no later than ____________

Print Name (as listed on DCPS Volunteer Application)

To be completed by school’s Volunteer Liaison; sign and date where applicable:

Approved: ____________________________ Date: ____________ Date: __ Date: __

Not Approved: ____________________________ Date: ____________ Date: __ Date: __

Need Application: ____________________________
Volunteer Attendance on Field Trip Form
(Not a Chaperone) (Step 10)

Field Trip: ___________________________ on ___________________________ (date)

The following identifies requirements, responsibilities, and expectations for a Volunteer to accompany students on Duval County Public Schools field trips. Please review, sign, and return to the teacher as soon as possible.

1. Volunteer attendance on field trips is to be in accordance with the School Board policy 9.63 “School Volunteers/Screening Process.”

2. Volunteers must be 21 years of age and are required to complete a volunteer application and be approved by the District prior to the field trip. The application may be found at www.duvalschools.org

3. Volunteers are not to supervise students unless they have signed the Volunteer Chaperone Responsibility Form.

4. Absolutely no other children except for the DCPS students in a participating class or group may attend the field trip. Volunteers may not bring another child on the field trip that does not comply with this guideline.

5. Volunteers are to provide their own transportation then gather at the field trip destination.

6. Volunteers are to IMMEDIATELY report ANY PROBLEMS directly to the teacher/school employee present during the field trip.

7. Volunteers are not allowed to provide or administer any medications (over-the-counter or prescription) to students. Medications will only be administered to students by school employees in accordance with the School Board Policy 5.62 “Administration of Medication.”

8. No tobacco or alcoholic beverages are permitted during the field trip.

I agree to adhere to the above requirements, responsibilities, and expectations and I have completed the Duval County Public Schools Volunteer Application within the last two years from the date below.

__________________________________________________________________________
Signature of Volunteer

__________________________________________________________________________
Date

Cost per Volunteer $ __________

Return this form with payment no later than __________

Print Name (as listed on DCPS Volunteer Application)

__________________________________________________________________________

To be completed by school’s Volunteer Liaison; sign and date where applicable:

Approved: ____________________________________________ Date: __________

Not Approved: ____________________________________________ Date: __________

Need Application: ____________________________________________ Date: __________
I, ________________________________, will take full responsibility for my child, 
(Parent/Guardian Name) 

__________________________________________, at the end of the ________________________________________________ 
(Child Name) (Field trip / Event destination or description) 

field trip/ event on ___________________. I will be responsible for the supervision and transportation of my 
(Date of field trip) 

Child at the conclusion of the field trip / event. I release the Duval County School Board, ALL of its 

employees, and the bus contractor from any liability for my child. 

__________________________________________ Date__________________ 
Parent/Guardian Signature 

__________________________________________ Date__________________ 
Teacher Signature 

__________________________________________ Date__________________ 
Principal Signature 

or Principal’s Designee (if Principal is unavailable)
**THE DUVAL COUNTY SCHOOL BOARD**  
APPLICATION FOR ABSENCE OF ALL PERSONNEL FROM REGULAR WORK LOCATIONS (Step 12)

<table>
<thead>
<tr>
<th>NAME</th>
<th>R/C#</th>
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**LEAVE USED:** Check appropriate item

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<th>ILLNESS/INJURY</th>
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<th>COURT/JURY</th>
<th>MILITARY</th>
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**SICK LEAVE POOL**

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Reason or explanation:

If requested Sick Leave is not for employee, complete this section:

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<tr>
<th>Illness</th>
<th>Or Death</th>
<th>of relative/member of household</th>
<th>Relationship to Employee</th>
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Name of relative:  
Address of relative:  

**EMPLOYEE SIGNATURE**

**AUTHORIZED SUPERVISOR**

Approve only the available balance of requested type leave. Otherwise charge as:

- [ ] Authorized Leave Without Pay
- [x] Unauthorized Leave Without Pay

---

**Directions for filing leave requests:**

1. This form is designed for "short term" absences and must be filed when an employee is absent from his/her regular duties. All requests should be routed through the appropriate supervisor and "original" (white copy) sent to the Payroll Office.
2. Employees are required to furnish such information and additional documentation as may be needed based upon current School Board policies and bargaining agreements. (e.g. doctor’s statements, subpoenas, death notices, military orders, etc.)
3. Consecutive number of Sick Leave days used requiring a doctor’s statement is dependent upon current School Board policy and bargaining agreements. The doctor’s statement should state the length of time.
4. Sick – For illness of employees or others (based upon School Board policy and bargaining agreements).
5. Annual – Allowed number of days used per year based upon School Board policy and bargaining units.
7. TDE – Required approval based upon School Board policy.
8. LWOP – Allowed number of days used per year based upon School Board policy and bargaining agreements.
9. Professional – Allowed number of days used based upon School Board policy and bargaining agreements.
10. Illness/Injury (Line of Duty) and corresponding date; Doctor’s Statement required.
11. Court/Jury – Proof of attendance required.
12. Military – Copy of orders required (must be sent through Personnel Division for approval).

---

**Sick Leave Pool – Eligibility based upon School Board policy and bargaining agreements.**
DUVAL COUNTY PUBLIC SCHOOLS
UNIVERSAL FIELD TRIP EXPENSE VOUCHER

Section I -- General Information

School: ___________________________ School #: _______ Date of Trip: __________
Class or Group: ___________________ # of Students: __________
Bus #: ___________________________ Bus Driver’s Name: ______________
R/C #: ___________________________ Attendant’s Name: ______________
Purpose: ____________________________

EVACUATION DRILL COMPLETED: [ ]

Section II -- Trip Mileage/Time Begins and Ends at the Place of Pickup/Return

Trip Departure Date: ____________________________________ Trip Return Date: __________
Trip Beginning Date: ____________________________________ Trip Beginning Time: __________
Site Arrival Odometer: __________________________ Site Arrival Time: __________
Last Site Departure Odometer: __________________________ Last Site Departed Time: __________
Trip Ending Odometer: __________________________ Return Arrival Time: __________
Total Trip Miles: __________________________ Total Trip Time: __________

FIELD TRIP SITE ITINERARY (MUST BE COMPLETED)

Site #1: __________________________ Site #2: __________________________
Site #3: __________________________ Site #4: __________________________

(Movement between sites 1 - 4 is considered single sites for item A and B in Section III)

FOR COMMON CARRIER TRIPS ONLY

State Badge Expiration Date: __________________________ Commercial Driver's License Expiration Date: __________

Comments: __________________________

Sponsor’s Verification Signature: __________________________

Section III -- Funding

OPTION I

DISTRICT CONTRACTOR

SOURCE OF FUNDS FOR PAYMENT

☐ School Internal Account
Check #: ________________
P. R. #: ________________

(APPROVED IN ADVANCE)

☐ School’s District Funds
P. O.: ________________
G. R.: ________________

☐ Other Departments
Name: __________________________

(APPROVED IN ADVANCE)

A. All field trips at per hour rate:

(Sixteen hours per day maximum)

$__ X _____ = $_____

B. All field trips at per mile rate:

$__ X _____ = $_____

C. Bus Attendant Hours:

(Must be required and approved)

$__ X _____ = $_____

D. Meals for Overnight Field Trips:

Breakfast

$__ X _____ = $_____

Lunch

$__ X _____ = $_____

Dinner

$__ X _____ = $_____

($30.00/day maximum per driver/attendant) (Receipts Required)

E. Other Expenses: __________________________ = $_____

Total Field Trip Costs: $_____

OPTION II

Contracted Provider (Common Carriers)

Amount agreed for service: $_____

I will provide services for the amount agreed.

I hereby certify that I accept the quoted price and conditions for this trip.

Provider’s Signature: __________________________ Date: __________
Principal’s Signature: __________________________ Date: __________

Section IV -- Certification

Contractor Name: __________________________
Contractor Address: __________________________
Contractor FIN: __________________________
Vendor #: __________________________

Verified by: __________________________ Date: __________
Approved by: __________________________ Date: __________

Bookkeeper’s Signature: __________________________ Date: __________
Principal’s Signature: __________________________ Date: __________

REVISED SEPTEMBER 20157
Section I -- General Information

School - Name and school number.
Date of Trip - Month, day, and year of trip.
Class/Group - Grade level, section or type group, (i.e. 5th grade, football team, work program, etc.).
Number of Students - Total number of students on this bus.
Bus # - Number of the bus.
Bus Driver and Attendant - Name of the bus driver and attendant (if applicable). NOTE: Attendants employed by the bus contractor are required if a special needs ESE student is transported on an ESE bus.
Fund Center - The school's responsibility center number.

Section II -- Trip Mileage, Begin and End Times, and Itinerary. (THIS SECTION MUST BE COMPLETED BY THE TRIP SPONSOR FOR THE FIELD TRIP AUDIT.)

Option I

Mileage - Trip Departure Date is the date the trip begins and the Trip Return Date is the date the trip ends.
Site Arrival Odometer is the odometer reading at site (1st site in multi-site field trip).
Last Site Departure Odometer is the odometer reading at site, prior to return to school center.
Trip Ending Odometer is the odometer reading when bus returns to school center. (NOTE: If the bus leaves field trip site, only the odometer reading to site and return from site can be claimed. This action must be recorded in the "Comments" section of the voucher by the Trip Sponsor.)

Enter the Total Trip miles.

Time - Beginning Time is the time requested for the bus to arrive at the school center, usually ten (10) minutes prior to loading. If the bus arrives late to the pickup point, compensation begins at the time the bus arrived.
Site Arrival is the time arrived at the site.
Last Site Departed Time is the time leaving the site directly for the school (last site in multi-site field trip).
Return Arrival Time is the time arrived at the school center.

Total Trip Time - Total time the driver is employed for trip. (NOTE: If driver drops off the group and leaves the site, then returns at pickup time, only the time on site may be claimed by the driver for payment purposes.) The sponsor must make a record of the driver's time on-site in the "Comments" section of the voucher in order to validate the drivers on-site hours.

Section III -- Funding

Field trips may be paid via a Purchase Order using District funds from the school's budget, or via a Purchase Approval/Check Requisition Form using the school's Internal Accounts. Common Carriers may ONLY be used when all Duval County Contractors decline to provide service.

Source of Funds - Place a check mark in the appropriate box. If the trip is paid from Internal Account funds, insert the Check Number and the Purchase Requisition Number. Keep voucher with your Request for Purchase Approval and Check Requisition Form. If the trip is to be paid for by "Other Department," for example: Community Education, Title I, Magnet, etc., place a check mark in the appropriate box and write the program name.

Option I

Line A - Insert the Total Trip Time (NOTE: One (1) hour minimum). The compensation is paid in 15-minute increments after the first hour. Multiply that number by the per hour rate for the driver and/or attendant to get the dollar amount for total time. (Sixteen hours per day maximum.)

Line B - Insert the Total Trip Miles. Multiply that number by the per mile rate to get the dollar amount for the total miles. Total miles are paid in mileage tenth increments (.1, .2, .3, etc.) for any distance less than one mile.

Line C - A Contractor's bus attendant is required when a student is in a wheelchair or needs special assistance. The compensation is paid in 15-minute increments after the first hour. (Attendant compensation time starts and stops at the school center, based on the agreed time. Line D - General Rule for Overnight Travel Only: The Contractor shall be compensated for the actual cost of meals up to $30 a day, documented by original receipts, provided to the trip sponsor before the end of the trip.

1. Breakfast: When travel begins before 6:00 a.m. and extends beyond 8:00 a.m.
2. Lunch: When travel begins before 12:00 noon and extends beyond 2:00 p.m.
3. Dinner: When travel begins before 6:00 p.m. and extends beyond 8:00 p.m., or when travel occurs during nighttime hours due to special assignments.

4. The individual meal allowance may not be claimed for a day of travel if subsection (a) applies for that day.
(a) Restriction: No reimbursement is authorized for any meal which is made available without specific charge. Hour of departure and hour of return must be shown for all travel.

Option II

Source of Funds – Place a check mark on the appropriate line. If the trip is paid from Internal Account funds, insert the check number and keep with your Request for Purchase Approval and Check Requisition Form. If a trip is paid by "Other Department," for example Community Education, Title I, Magnet, etc., place a check mark on the appropriate line and write the program name on the line provided. The payment amount of a Contracted Provider (Common Carrier) is a negotiated price between the school principal and the carrier. If using a Contracted Provider (Common Carrier such as Annett Bus Lines, Greyhound, etc.) use the list distributed by Transportation and approved by Risk Management. If there are other local school bus contractors that are not Contracted Providers, approval must be secured from Transportation/Risk Management before contracting with that company. (NOTE: The Contracted Provider's signature verifies the amount agreed upon for the requested service. The Principal's signature indicates that the principal agrees to pay the amount quoted by the Contracted Provider for this trip.)

Section IV -- Payment Certification

Insert the name, address, vendor number and FIN of the contractor. The Bookkeeper's signature verifies the accuracy of the information recorded on the form by the Trip Sponsor. The Principal's signature approves payment of the field trip.

For District funds use, make sure to enter your Purchase Order Number, Goods Receipt Number and Ticket Number on this form. This will help Accounts Payable pay the vendor in a prompt manner. Send the original, completed form to Accounts Payable, 2nd Floor, 1701 Prudential Drive (#3001).

For Internal Account Funds, follow the prescribed Internal Accounting procedures to make payment.

Booster Organizations and Other Non-School Organizations wishing to support school sponsored field trips do so by donating the funds to the school. Please see SCHEDULING AND PAYMENT OF FIELD TRIPS SPONSORED BY BOOSTER ORGANIZATIONS AND OTHER NON-SCHOOL ORGANIZATIONS procedures for required processing of these field trips.

IMPORTANT: THE FIELD TRIP CALCULATIONS ARE TO BE COMPLETED AND THE GOLDENROD COPY SENT TO THE TRANSPORTATION BUSINESS OFFICE (BLDG 3067, RM 17) IMMEDIATELY.

REVISED SEPTEMBER 20157