

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. T [REDACTED]

- **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

revised 10/20/2015

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)

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

Mode of Transportation: _____

Estimated Total Number of Students: _____ **Cost per Student: \$** _____ (see page 2)

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:

FUNDING source of this field trip will be from: please mark with an "X" in the appropriate box				
Internal Acnts/Students		Fundraiser		School's District Budget

Notes: _____

Reviewed by Bookkeeper /s/: _____ **Date** _____

SCHOOL CALENDAR 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	Date

***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: 390-2360

Student Cost Worksheet

revised 02/21/2014

Lead Field Trip Sponsor

Cell phone #

(needed for bus request)

Field Trip Date

Field Trip Destination

20/21 Rate

SCHOOL BUS CALCULATOR

<input type="text"/>	Regular Bus: # of regular school buses
<input type="text"/>	ESE Bus: # of ESE school buses (may leave blank if none needed)
<input type="text"/>	NUMBER OF BUSES NEEDED
<input type="text"/>	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)
\$23.42	HOURLY COST FOR BUSES
<input type="text"/>	Round-trip Miles: # of <u>round-trip</u> miles to all destinations per bus
\$0.70	MILEAGE COST FOR BUSES
<input type="text"/>	Monitors: # of bus monitors (typically for ESE students, may leave blank if none needed)
\$9.45	Hourly Rate for Monitors: to obtain cost see below* (may leave blank if none needed)
	MONITOR COST FOR BUSES
	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
<input type="text"/>	Estimated school bus cost for field trip
<input type="text"/>	Estimated total number of students attending field trip (from page 1)
<input type="text"/>	Per student: approximate school bus cost
<input type="text"/>	Per student: other costs such as admission, lunch purchase, fees, etc.
<input type="text"/>	Per student: Total Cost
<input type="text"/>	ROUNDED COST PER STUDENT: Round-up to nearest quarter, e.g. \$5.62 = \$5.75

**rate is different for each GSA - this is highest for 20/21 school year

COMPLETE ONLY IF USING "OTHER MODE OF TRANSPORTATION" (e.g. charter bus)

Explain all costs for transportation, admission, lunch purchase, fees, etc. and attach all quotes:

<input type="text"/>	<input type="text"/>
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<input type="text"/>	ROUNDED COST PER STUDENT: Round-up to nearest quarter, e.g. \$5.62 = \$5.75
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Destination(s) Contact Form

revised 02/21/2014

Lead Field Trip Sponsor: _____
Field Trip Date: _____

Sponsor's Cell phone: _____

Destination 1: _____

Approx. Time arriving at location 1: _____

Approx. Time departing location 1: _____

Destination Address: _____

Destination Address: City/State/Zip

City

State

Zip

Destination Contact: _____

Destination Phone: _____

Destination 2: _____

Approx. Time arriving at location 2: _____

Approx. Time departing location 2: _____

Destination Address: _____

Destination Address: City/State/Zip

City

State

Zip

Destination Contact: _____

Destination Phone: _____

Destination 3: _____

Approx. Time arriving at location 3: _____

Approx. Time departing location 3: _____

Destination Address: _____

Destination Address: City/State/Zip

City

State

Zip

Destination Contact: _____

Destination Phone: _____

Destination 4: _____

Approx. Time arriving at location 4: _____

Approx. Time departing location 4: _____

Destination Address: _____

Destination Address: City/State/Zip

City

State

Zip

Destination Contact: _____

Destination Phone: _____

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 the 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 (date) (time leaving school) Returning on _____ at _____ pm (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, _____
(Student)

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 (StepS)

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 SARJ CER Nos. (List all)

Source:	\$	
	\$	

/S/ _____
< sponsor or Teacher >

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

/S/ _____
(Financial A. or Principal)

If funds were held or shonage exists, principal's signature is required.

Official Receipt #

(Principal)

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)

	Student ID Number	Student LAST Name	Student FIRST Name	Student Pick-up Lunch
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				

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 (Step8)
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 LISTED BELOW)

PRICE IS NOT TO EXCEED \$ _____ TO BE PURCHASED FROM -----

REQUESTING AUTHORIZATION _____ DATE _____
 (FACULTY/STAFF MEMBERS 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 _____ TRANSACTION CODE _____
 (FACULTY/STAFF MEMBER'S SIGNATURE) DATE -----

APPROVED FOR PAYMENT _____ DATE _____
 (PRINCIPAL'S SIGNATURE)

CHECK NUMBER _____

CAT. PG	ITEM	DESCRIPTION OF MERCHANDISE OR SERVICE	QUANTITY	UNIT OF QUANTITY	UNIT PRICE	AMOUNT



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. [Redacted]
- 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.

Signature of Volunteer Chaperone

Date

Cost per Chaperone \$

Print Name (as listed on DCPS Volunteer Application)

Return this form with payment no later than _____

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

Approved: _____ Date: _____ Date: _ Date: _
Not _____ Approved:
_____ 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 \$ _____

Print Name (as listed on DCPS Volunteer Application)

Return this form with payment no later than _____

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

Approved: _____ Date: _____

Not Approved: _____ Date: _____

Need Application: _____ Date: _____



Student Return-Transport Release Form (Step 11)

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 contactor from any liability for my child.

Parent/Guardian Signature Date _____

Teacher Signature Date _____

Principal Signature Date _____
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)**

NAME _____ R/C# _____ DATE _____
(Please Print)

PIN: _____ POSITION _____

LEAVE USED: Check appropriate item

SICK _____ ANNUAL _____ PERSONAL _____ TDE _____ LEAVE W/O PAY _____ PROFESSIONAL _____

ILLNESS/INJURY _____ ORIGINAL DATE OF INJURY _____ COURT/JURY _____ MILITARY _____

SICK LEAVE POOL _____ OTHER _____

DATES	LEAVE USED	/ #HRS	FROM	TO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Reason or explanation: _____

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

Illness _____ Or Death _____ of relative/member of household Relationship to Employee _____

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
 Unauthorized Leave Without Pay

Directions for filing leave requests:

- 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.
- 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.)
- 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.

Special Notes

- Sick – For illness of employees or others (based upon School Board policy and bargaining agreements).
- Annual – Allowed number of days used per year based upon School Board policy and bargaining units.
- Personal – Limits set by policy and bargaining agreements. Leave used reduces the available Sick Leave balance.
- TDE – Required approval based upon School Board policy.
- LWOP – Allowed number of days used per year based upon School Board policy and bargaining agreements.
- Professional – Allowed number of days used based upon School Board policy and bargaining agreements.
- Illness/Injury (Line of Duty) and corresponding date; Doctor's Statement required.
- Court/Jury – Proof of attendance required.
- 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.

FOR OFFICE USE ONLY

Original - Accounts Payable or Internal Accounts Pink
 Copy - Bus Operator
 Goldenrod Copy - Transportation Business Office
 Blue Copy - Contractor (Attach to Payment)

DUVAL COUNTY PUBLIC SCHOOLS
 UNIVERSAL FIELD TRIP EXPENSE VOUCHER

UV000000

Section I -- General Information

School: _____ School #: _____ Date of Trip: _____
 Class or Group: _____ # of Students: _____
 Bus #: _____ Bus Driver's Name: _____ Attendant's Name: _____
 R/C #: _____ Fund #: _____ Function #: 7800 Object : 390
 Purpose: _____ Bookkeeper's Phone Number: _____
 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 Odometer: _____ 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 #3: _____
 Site #2: _____ 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	
<input type="checkbox"/>	School Internal Account
Check #:	_____
P. R. #:	_____
(APPROVED IN ADVANCE)	
<input type="checkbox"/>	School's District Funds
P. O. #:	_____
G. R. #:	_____
<input type="checkbox"/>	Other Departments
Name:	_____
(APPROVED IN ADVANCE)	

A. All field trips at per hour rate: _____ X _____ = \$ _____
 (Sixteen hours per day maximum)
 B. All field trips at per mile rate: _____ X _____ = \$ _____
 C. Bus Attendant Hours: _____ X _____ = \$ _____
 (Must be required and approved)
 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: _____

Approved by: _____

Bookkeeper's Signature _____ Date _____

Principal's Signature _____ Date _____

UNIVERSAL FIELD TRIP EXPENSE VOUCHER INSTRUCTIONS

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.

Fund - The fund number will be 10000 unless the trip is funded from Federal Funds. Federal Funds are a District expense NEVER Internal Accounts.

Function - The function will be 7800. (NOTE: For special projects, contact project manager for function codes other than 7800)

Transaction Code/Commitment Item - The object will be 390.

Purpose - Reason for trip.

Evacuation Drill Completed - Check box if bus operator completed the required School Bus Evacuation Drill prior to the start of the trip.

Destination Sites - Brief itinerary of where group is going.

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

Mileage - Trip Departure Date is the date the trip begins and the Trip Return Date is the date the trip ends.

Trip Beginning Odometer is the odometer reading at the school center.

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.

Field Trip Site Itinerary - List site locations in these slots for multi-site trip. (MUST BE COMPLETED.)

FOR COMMON CARRIER TRIPS ONLY: Record applicable expiration dates for State Badge and Commercial Driver's License.

Comments and Sponsor's Verification Signature - Sponsor verifies the accuracy of information listed in Section II. (Please add comments in this section or use an attachment if necessary.)

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.