

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

FIELD TRIP PACKET

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

LOG # _____

T.A. # _____

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

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BE ADVISED THAT:

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

Approved and Signed by: _____ Date: _____

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

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

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

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

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

Authorized Signatures			
	Status	Date Received & Approved	Initials
Principal	☐ Approved ☐ Disapproved		
Superintendent	☐ Approved ☐ Disapproved		
Business Manager	☐ Approved ☐ Disapproved		
Athletic Director (Athletic Trips Only)	☐ Approved ☐ Disapproved		

TUBA CITY UNIFIED SCHOOL DISTRICT ESTIMATED EXPENSES

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

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

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

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

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

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

Principal Signature: _____ Date: _____

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

TUBA CITY UNIFIED SCHOOL DISTRICT STUDENT ROSTER FOR ENRICHMENT ACTIVITY

Distribute copies to the following:

1. One copy goes to Principal's Secretary for the Daily Bulletin no later than 12:00 noon the day before your field trip.
2. As you load for departure, correct the list by circling names of those not present. Leave ONE corrected copy with the Principal's Secretary.
3. Keep a copy for your trip.

****A student must be on the list initially and must have submitted a signed parent permission slip in order to be allowed to make the trip.**

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

List Students Alphabetically

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

TUBA CITY UNIFIED SCHOOL DISTRICT TRAVEL AGENDA

Enrichment Activity:	Date(s):
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[illegible]

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

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

PARENTAL PERMISSION

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

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

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

TRANSPORATION WILL BE PROVIDED BY THE SCHOOL DISTRICT

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

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

Parent/Guardian Signature

Address

Telephone No.

Date

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

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

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

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

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

APPROVAL FOR TRIP:

Teacher/Sponsor: _____ Date: _____

Principal: _____ Date: _____

Superintendent: _____ Date: _____

TUBA CITY UNIFIED SCHOOL DISTRICT
SACK LUNCH REQUEST FORM
Food & Nutrition Services

1. All sack lunch requests must be received in the **Food & Nutrition Office 10 School** days prior to the date of the trip. (DO NOT SUBMIT THE SACK LUNCH REQUEST FORM WITH THE FIELD TRIP PACKET).
2. All incomplete requests will be returned to the original requester.
3. A list of students attending the trip must be submitted to the Food Service Cashier at that school ON THE DAY OF THE TRIP **before the sack lunches will be released for proper identification.**
4. Please attach a list that includes the name and ID number of each student attending the trip.
5. Adult Sacks **must be paid prior** to scheduled pick up. Adult breakfast sacks are \$2.75 and Adult lunch sacks are \$ 4.00.
6. If you are requesting specific items, please note there is an additional charge for these items.
7. **Cancellations must be made 24 hours prior to the scheduled pick up. If meals are not cancelled, the original requestor will be invoiced for the meals.**

Today's Date:			
Date of Trip:	Time of Pick Up:		Destination:
School/Dept.:	Grade:	Class:	
Teacher/Sponsor:		Signature:	
Meal Type: Breakfast ____ Lunch ____ No. of Students____ No. of Adults____ Total Meals Requested____ Meals not Taken: No. of Students____ No. of Adults____ Total Meals not Taken____			
Payment Type: Accounts____ Cash____ Purchase Order No.____			
Approved by Principal/Designee_____ Date_____			

FOOD & NUTRITION SERVICES ONLY	
Invoice # _____	
Directors signature _____ Date _____	
Kitchen site received _____ Date _____ Assigned to _____	
Completed by _____ Picked up by _____ Date _____	

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

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

STUDENT INFORMATION			
Name of School and Organization (Clubs, sports, class activities, etc):			
Name of Injured Person (STUDENT):			
Social Security #:	Age:	Grade:	☐ Male ☐ Female
Date of Injury (ACCIDENT):		Time of Injury: AM PM	
Place of Injury:			
Injury occurred at ☐ Practice ☐ At Home ☐ Game ☐ P.E. ☐ Classroom ☐ Other			
Type of Sports:			

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

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

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

Signature of Athletic Director: _____ Date: _____

Signature of Principal: _____ Date: _____

TUBA CITY UNIFIED SCHOOL DISTRICT
FIELD TRIP EVALUATION FORM

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

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

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

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

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

4. What could be done to improve future trips?

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