



## **Toledo School District Trip Request Instructions**

Travel is one way we provide opportunities and meaningful experiences for students. Travel is also one of the most difficult things we do with students. In addition to providing experiences, we're also responsible for ensuring a safe environment. If the travel involves an overnight stay, it requires supervision on a 24-hour basis. Travel with groups of students must be well-planned and scheduled.

This packet is intended to assist trip sponsors in planning successful trips with students and communicating the details of the trip to the team that supports travel from home. In order for a trip to be sponsored by the district, this packet must be completed in its entirety. If you are unsure of any information, seek assistance from your building principal.

As a trip sponsor, you are responsible for completing and submitting all needed forms and purchase requests prior to consideration of your trip. It is wise to plan your trips annually and to discuss them with your supervisor prior to completing all of the requisition forms. Once completed and approved by the building principal, trip sponsor will submit copies of all trip packets to the district office, including day trips (original completed packet should be retained with trip sponsor). The trip sponsor is responsible for routing van and bus requests to the transportation supervisor.

If travel is overnight, the packet must be received by the district office prior to the second Monday of the month for consideration and inclusion in that month's board agenda. Those received after the second Monday will be placed on the following month's agenda. Trip sponsors are advised to plan accordingly.

The trip sponsor will be expected to present the trip proposal to the board in person. If the trip sponsor is unable to attend the meeting they will need to have a representative come in their place. No overnight trips may take place without prior Board approval.

The trip sponsor will be responsible for seeing that the trip is conducted in accordance with district policy and procedure and all laws and regulations pertaining to public school operations.

**Transportation:**

Transportation is a contract service to our groups. The driver is not a chaperone. The driver's duty is to safely transport participants to scheduled venue(s) and to manage and direct the operation of the vehicles assigned to the trip. Each driver needs a private room (for overnight trips), a stipend for meals (issued by the District Office), and a stipend for parking (issued by the District Office). These items are to be arranged by the trip sponsor in advance of the trip.

**Trip Sponsor and Chaperones:**

The trip sponsor is responsible for all arrangements. In addition, the trip sponsor is the lead chaperone and supervises all aspects of the trip and the chaperones under his/her direction. All adults listed as chaperones must complete, and pass, a volunteer background check through the district office. These chaperones are under the direction of the trip sponsor for the duration of the trip. Just as students are not allowed to possess or use vaping devices, alcohol, marijuana or tobacco on district sponsored trips, chaperone are not allowed to be in possession of or use vaping devices, alcohol, tobacco or marijuana during the trip. For more information regarding trips, please refer to Board policy 2320.

Community members who are not participants (by permission slip) or chaperones (as scheduled in this packet) may attend the trip event, but may not utilize any district resources during their participation (transportation, meals, lodging, tickets, etc.). This includes children and family members of the trip sponsor and chaperones.

**District forms package checklist:**

- Field Trip Request Form
- Field Trip Budget
- Transportation Request Form
- Field Trip Roster (List of students & chaperones- 1 per 10 students)
- Field Trip Permission/Medical Authorization Forms
- Travel Expense Claim Form (meal money - 1 for students & 1 for employee)
- All related purchase requests submitted to Skyward for approval
- Notice to kitchen (written)
- Information to Parents
- Substitute/Supervision Coverage
- No conflicts with athletics or other school district events

# Toledo School District Trip Request Form

\*Must be completed and turned in by the second Monday of the month to ensure inclusion in the current month's board agenda.

Trip Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Club or Activity \_\_\_\_\_

Destination: \_\_\_\_\_

Date of Trip: \_\_\_\_\_

Educational Objective/ Purpose of Trip: \_\_\_\_\_

- I will be requesting a district credit card for meals.
- I will be requesting a check for meals.
- No meal money will be requested for this trip.

\*\*\*\*\*

Overnight trip? \_\_\_ Yes \_\_\_ No \* If yes, Board approval is required.\*

Requested Board Meeting Date: \_\_\_\_\_

\_\_\_\_\_  
Trip Sponsor Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Principal or Supervisor Date: \_\_\_\_\_

\_\_\_\_\_  
Superintendent Date: \_\_\_\_\_

Request Approved \_\_\_ Denied \_\_\_ Other \_\_\_

Recorded in board minutes date(s): \_\_\_\_\_



# Toledo School District Transportation Van Usage Request Form

Requested by: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Purpose: \_\_\_\_\_ Destination: \_\_\_\_\_

Number of adults traveling: \_\_\_\_\_

Number of students traveling: \_\_\_\_\_

Leave Date / Time: \_\_\_\_\_

Return Date / Time: \_\_\_\_\_

I agree to follow the Toledo School District transportation policies and the transportation guidelines agreed upon by the coaches' and drivers' unions. All passengers must wear their seatbelts at all times.

\_\_\_\_\_

Driver's name

\_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Driver's signature

\_\_\_\_\_ Date: \_\_\_\_\_

Administrator / Supervisor Approval

Budget Code: \_\_\_\_\_

# Toledo School District Transportation

## Pre/Post Trip Report

### PRE TRIP CHECK TO BE COMPLETED BY DRIVER:

#### 1. CHECK ALL ITEMS ARE WORKING PROPERLY

Driver's Initials

Headlights

\_\_\_\_\_

Tail lights/Brake lights

\_\_\_\_\_

Turn signals

\_\_\_\_\_

Tires inflated correctly

\_\_\_\_\_

Mirrors adjusted properly

\_\_\_\_\_

#### 2. EXPLAIN TO STUDENTS/PASSENGERS:

- Evacuation Procedure – 100 feet away, out of traffic
- Seat belts must be worn at all times
- Location of fire extinguisher and first aid kit

\_\_\_\_\_

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### POST TRIP REPORT TO BE COMPLETED BY DRIVER:

1. Pick up trash/return inside to pre-trip condition
2. Fuel if necessary (less than ½ tank)
3. Note problems or concerns (weird noises, steering or driving issues, out of washer fluid, etc..)
4. Leave completed form on seat and lock keys in van or give to transportation department.

Problems or Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RETURN MILEAGE: \_\_\_\_\_

DEPARTING MILEAGE: \_\_\_\_\_

TOTAL MILES TRAVELED: \_\_\_\_\_

Date: \_\_\_\_\_

Signature verifying total miles traveled

TOLEDO SCHOOL DISTRICT - TRANSPORTATION DEPARTMENT  
**2018 / 2019 BUS REQUEST FORM**

One request form is required for each trip requested.

Requests should be submitted at least **10 business days** in advance of trip date.

**Transportation cannot guarantee a specific bus or driver.**

Current Date | \_\_\_\_\_ Date of Trip | \_\_\_\_\_ No. of Regular Buses Requested | \_\_\_\_\_

**Seating Guidelines: Please call Dispatch at 360.864.2393 to determine number of buses required for safety.**

Requested Leave Time | \_\_\_\_\_ Leave Destination | \_\_\_\_\_ Return to School | \_\_\_\_\_

Pickup Location | \_\_\_\_\_ Other Location | \_\_\_\_\_

Destination | \_\_\_\_\_

**Physical Address of Destination MUST be provided**

Physical Address | \_\_\_\_\_

Number of Student Passengers | \_\_\_\_\_ Grade | \_\_\_\_\_ Adults / Coaches | \_\_\_\_\_

Do you require an additional wheelchair bus? | \_\_\_\_\_ If Yes - Name of Student | \_\_\_\_\_

Special Accommodations | \_\_\_\_\_

Other Accommodations | \_\_\_\_\_

Requested By | \_\_\_\_\_ Extension # | \_\_\_\_\_ Cell # | \_\_\_\_\_

Type of Trip | \_\_\_\_\_ Specify Group or Team | \_\_\_\_\_

Principal/Supervisor Signature | \_\_\_\_\_ Account Code | \_\_\_\_\_

WAC 392-145-021 When a teacher, coach, or other certificated staff member is assigned to accompany students on a school bus, such person shall be responsible for the behavior of the students in his or her charge, and shall ensure that passengers comply with state rules, district policies and district procedures for student transportation. **However, the school bus driver shall have final authority and responsibility**

## Toledo School District Field Trip Roster

Group: \_\_\_\_\_  
 Destination: \_\_\_\_\_

Trip \_\_\_\_\_  
 Date(s) \_\_\_\_\_

<b>Students</b>		26.
1.		27.
2.		28.
3.		29.
4.		30.
5.		31.
6.		32.
7.		33.
8.		34.
9.		35.
10.		36.
11.		37.
12.		38.
13.		39.
14.		40.
15.		
16.		
17.		
18.		
19.		
20.		<b>Chaperones (1:10)</b>
21.		Lead Chaperone:
		Phone:
22.		
23.		
24.		
25.		



TOLEDO SCHOOL DISTRICT

# Field Trip Permission Form

Your student is scheduled to attend a field trip to: \_\_\_\_\_

Date	_____	Time	_____
Location	_____		
Cost	_____		
Transportation	_____		
Notes	_____ _____ _____		

Please return this permission slip by: \_\_\_\_\_

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I give permission for my child \_\_\_\_\_  
to attend the field trip to \_\_\_\_\_ on \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_  
Enclosed is \$ \_\_\_\_\_ to cover the cost of the trip. (Exact cash or check made payable to school.)

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_



**TOLEDO SCHOOL DISTRICT  
Employee Travel Expense Claim**

Event						
Date						
Date	Employee Name	Breakfast Per Diem	Lunch Per Diem	Dinner Per Diem	Total	Signature

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

**COACH or TRIP COORDINATOR:**

**Total**

**Total Spent**

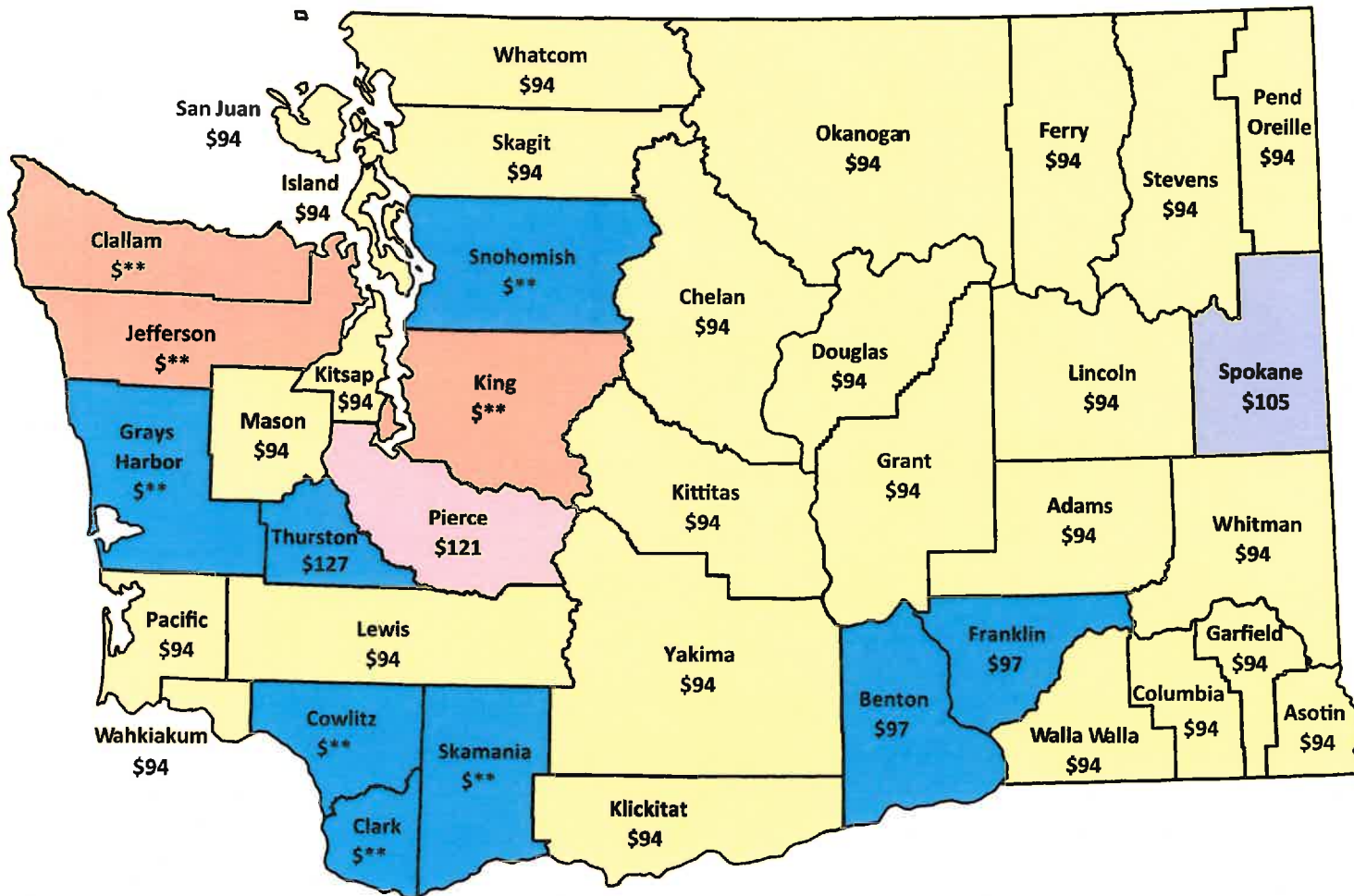
\_\_\_\_\_  
Employee Name (print)

**Returned**

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Principal or Supervisor Signature Date

# Per Diem Rates - As of October 1, 2018



Meal Rates			
TOTAL	B	L	D
\$55	\$14	\$16	\$25
\$61	\$15	\$18	\$28
\$66	\$16	\$20	\$30
\$71	\$18	\$21	\$32
\$76	\$19	\$23	\$34

**\$ Maximum Lodging Rate**  
**\*\* Seasonal Lodging Rates for Counties:**

Clark, Cowlitz, & Skamania	04/01 - 10/31	\$184
	11/01 - 03/31	\$150
Clallam & Jefferson	07/01 - 08/31	\$161
	09/01 - 06/30	\$108
Grays Harbor	07/01 - 08/31	\$133
	09/01 - 06/30	\$102
King	06/01 - 09/30	\$257
	10/01 - 05/31	\$189
Snohomish	06/01 - 08/31	\$138
	09/01 - 05/31	\$113

**POV Mileage Rate**  
 The privately owned vehicle mileage reimbursement rate is \$0.545 per mile.  
 (effective 1/1/18)

For Out-of-State Per Diem Rates, refer to the GSA website at: <http://www.gsa.gov>. To get the total meal and incidental expense rate breakdown of individual meal allowances, refer the State Administrative and Accounting Manual (SAAM), Subsection 10.40.10.c