

School-Related Student Trips

EXTENSION OF SCHOOL PROGRAM

The Board sanctions trips by student organizations when such trips are directly related to the school program and do not disrupt the regular transportation of students to and from school.

PRIOR APPROVAL

All school-related trips shall have the prior approval of the building Principal and the Superintendent or the Superintendent's designee.

BOARD REGULARLY INFORMED

The Board shall be regularly informed of any trip falling within the above guidelines.

REQUESTS FOR VEHICLES

All approved trip requests that require the use of Board-owned vehicles shall be submitted to the Director of Transportation at least three (3) working days prior to the date of the trip.

DRIVERS/VEHICLES

All District-owned vehicles shall be driven by an adult duly qualified and licensed to operate the vehicle. Drivers of school vehicles and operation of District-owned passenger vehicles transporting students shall be in compliance with requirements specified in applicable statutes and administrative regulations.¹

SUPERVISION

A certified or classified staff member must accompany students on all school-sponsored or school-endorsed trips. For athletic trips, a nonfaculty coach or a nonfaculty assistant may accompany students as provided in statute. Persons designated to accompany students shall be at least twenty-one (21) years old.² A list of all individuals being transported shall be submitted to the driver at the time of departure.

INSURANCE

Only Board insured vehicles or appropriately certificated common carriers shall be used for transporting students.³

CERTIFICATED COMMON CARRIERS

Use of certificated common carrier service shall be authorized by the Board on a case by case basis, and the reasons to justify such use shall be cited in Board minutes.³

School-Related Student Trips**MEDICATION**

Administration of medication to students during field trips shall comply with applicable law, regulation and medication administration training developed by the Kentucky Department of Education.

When students will be travelling outside the state, the Superintendent's designee shall do the following:

1. Determine applicable legal requirements concerning delegation of student medication responsibilities in states through which students will be travelling; and
2. Assign staff to accompany students on the field trip to address student medication needs.

PARENTS' APPROVAL

Parents are to be informed of the nature of the trip, the approximate departure and return times, means of transportation, and any other relevant information. Parents must give written approval for students to participate in school-sponsored trips.

FEES

Under procedures developed by the Superintendent, the group or organization using a school vehicle shall be responsible for the bus driver's salary and the cost of fuel, oil, tolls, and the driver's meals.

REFERENCES:

¹[KRS 156.153](#)

²[KRS 161.185](#)

³[702 KAR 005:060](#)

[KRS 158.110](#), [KRS 158.838](#), [KRS 160.340](#), [KRS 189.125](#), [KRS 189.540](#)

[702 KAR 001:160](#), [702 KAR 003:220](#), [702 KAR 005:030](#)

[702 KAR 005:080](#), [702 KAR 005:130](#)

RELATED POLICIES:

03.1321; 03.2321

09.1509.221; 09.2241

Adopted/Amended: 7/21/2011

Order #: 4844j

School-Related Student Trips**TEACHERS' RESPONSIBILITIES**

1. Field trips shall be related to the course of study and have educational value.
2. Teacher(s) shall complete a School-Related Trip Request Form (09.36 AP.21) and submit to the Principal for approval.
3. Prior to the trip, the teacher(s) shall prepare the students by:
 - a) Explaining the purpose of the trip.
 - b) Developing background and reference materials, including materials to be used on the trip, if applicable.
 - c) Pointing out highlights to observe on the trip.
 - d) Instructing students to observe safety precautions while on the bus and while at the field trip destination.
4. Students shall not be denied the trip because of an inability to pay.
5. The teacher(s) shall secure prior written permission for the trip and a medical release (09.36 AP.211) from each student's parent(s) or guardian.
6. Prior to the trip, a list of students taking the trip shall be provided to the Principal, bus driver, if applicable, school's Food Service staff, if applicable, and School Nurse, if applicable.

TRANSPORTATION

Transportation requests shall be made by the teacher/sponsor/coach and forwarded to the Principal by completing a Vehicle Request Form (09.36 AP.212).

Discipline on the bus shall be the responsibility of the teacher or administrator in charge. Drivers are responsible for enforcement of bus rules and regulations. The sponsoring group will be charged for extra cleaning time if the bus is left in exceptionally dirty condition after the trip.

No items may be transported on a school bus that are not secured in under frame storage or empty seats (i.e., lunches, cooler, sporting equipment). Aisles must be kept clear.

RELATED PROCEDURES:

09.2241 (all procedures)

09.36 (all procedures)

Review/Revised:9/15/11

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE TRIP.

SCHOOL _____ FACULTY MEMBER(S) SPONSORING TRIP _____

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____ Other (athletic, band, if applicable) _____

DESTINATION _____ ADDRESS _____ PHONE _____

- Out of State Out of County Within County

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP _____ DEPARTURE TIME _____ RETURN TIME _____

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

SPONSOR(S): _____

CHAPERONE(S) _____

STUDENTS _____ TOTAL # PARTICIPANTS _____

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.

CERTIFICATED COMMON CARRIER; SPECIFY _____

PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No

Signature of Faculty Sponsor

Date

Trip has been approved disapproved. Reason for disapproval _____

Signature of Superintendent/Designee

Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Review/Revised:10/21/2014

School-Related Student Trip Permission Slip and Medical Release Form

Student's Name _____	School _____
Field trip date(s) _____	
*Destination _____	
Departure time _____	Arrival time _____
From School	Back at School
Sponsor/Chaperone(s) _____	
Mode of Transportation _____	Cost to Student, if applicable\$ _____
*If an overnight trip, lodging arrangements are as follows:	
Hotel _____	
Address _____	
Phone Number _____	

My child HAS the following life-threatening condition that may require EMERGENCY treatment while on a field trip.			
<input type="checkbox"/> DIABETES	<input type="checkbox"/> ASTHMA	<input type="checkbox"/> SEIZURES	<input type="checkbox"/> SEVERE ALLERGY
<input type="checkbox"/> OTHER: _____			

Although I understand that the District/school personnel will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in a field trip activity. Being fully aware of the risks, and aware that this permission form may not contain every stop or activity planned or unforeseen while on this trip, I hereby give consent for the above named student (my child or a child I have legal authority to make educational decisions for) to participate in the activity.

In addition, in the event of accident or sudden illness while on the school-related trip, I understand that reasonable effort will be made to contact the parent/guardian/custodian immediately. However, if I am not available, I authorize school District personnel to secure emergency medical care, if needed.

Parent/Guardian/Custodian's Signature

Date

Please return this form to your child's teacher.

Review/Revised:8/19/2014