

**LOS ANGELES UNIFIED SCHOOL DISTRICT
REQUEST FOR APPROVAL OF SCHOOL ORGANIZED TRIP FOR STUDENTS**

(Refer to Reference Guide *Field Trips Handbook and Revised Procedures* for procedures and guidelines, Revised 2005)

CHECK THE APPROPRIATE BOX:

Field Trip School Journey Curricular Trip Athletic Trip Curricular Bus Tour OTHER _____
Employee Number _____ Cert.

Name of School _____ Employee Supervising Trip _____ NON-Cert.
Telephone Number _____ Grade Levels (Circle) PK K 1 2 3 4 5 6 7 8 9 10 11 12 OTHER _____

1. DESTINATION _____ Are admission fees charged? YES NO
2. IS THE SITE A PRE-APPROVED SITE? YES NO (If not, contact Local District and Division of Risk Management prior to taking trip.)
3. DOES THE SITE REQUIRE PROOF OF INSURANCE FROM THE DISTRICT? YES NO (If so, contact the Division of Risk Management and Insurance)
4. DATE(S) OF TRIP _____ OVERNIGHT TRIP YES NO (See number 9.)
5. NUMBER OF STUDENTS _____ NUMBER OF ADULTS _____ SUFFICIENT SUPERVISION YES NO
6. NAME AND EMPLOYEE NUMBERS OF EMPLOYEES ATTENDING TRIP: (Provide Attachment if not sufficient space)

7. SUBSTITUTE REQUIRED? YES NO HOW MANY? _____ DAYS? _____ SOURCE OF FUNDS (include Program Code) _____
8. TIME SCHEDULE REQUESTED BY SCHOOL: Leave School _____ Arrive Destination _____ Leave Destination _____ Return School _____
9. DURATION OF TRIP: Less than one day One Day Overnight (how many days? _____) Local District Approval YES NO
10. METHOD OF TRANSPORTATION: School Bus (indicate number required _____) Walking Automobile
 Public Carrier: Airplane Boat Bus Train OTHER _____

NOTE: If utilizing a personal automobile or public carrier, please contact the Division of Risk Management and Insurance regarding safety guidelines and procedures, insurance and waivers that may be applicable.

11. BRIEF DESCRIPTION OF EDUCATIONAL BENEFIT TO BE DERIVED FROM THIS ACTIVITY. PLEASE STATE SPECIFICALLY AS AN INSTRUCTIONAL OBJECTIVE (NOT REQUIRED FOR ATHLETIC TRIPS OR YOUTH SERVICES ACTIVITIES). The student(s) will _____

12. TYPE OF ACTIVITIES: (Describe) _____
 Inflatable Equipment Aquatic activity (e.g. Swimming) OTHER _____
- HIGH RISK ACTIVITY APPROVAL: LOCAL DISTRICT YES NO RISK MANAGEMENT YES NO
OFFICE OF ENVIRONMENT HEALTH & SAFETY YES NO

NOTE: Certain activities are not permissible due to the risk and safety of the activity. Please contact your Local District, the Division of Risk Management and Insurance and the Office of Environment Health and Safety for prior approval.

13. SOURCE OF FUNDS FOR TRIP (Community, Program for Gifted/Talented, regular program.) (Include Program Code and description.) _____

NOTE: It is illegal to charge students or parents for participation in any activity for which ADA will be taken.

14. HAVE LOCATIONS OF THE NEAREST EMERGENCY FACILITIES BEEN OBTAINED: YES NO

15. HAVE FORMS FOR PARENT'S OR GUARDIAN'S PERMISSION BEEN OBTAINED: YES NO

16. IF HIKING OR CAMPING ACTIVITY:
 - a. Has a ranger, sheriff, police or other emergency personnel been notified of intent to be in the area? YES NO
 - b. Has the area been checked for potential hazards? YES NO
 - c. Has the School Police Department been notified of the trip? YES NO
 - d. Has approval been obtained from the Office of Outdoor Education? YES NO

Name _____ Signature _____ Date: _____

17. IF A SCHOOL BUS IS TO BE USED FOR TRANSPORTATION, HAS THE APPROPRIATE SCHOOL TRIP FORM BEEN PROCESSED THROUGH THE LOCAL DISTRICT ADMINISTRATOR? YES NO
(applicable for trips involving Board approval)

APPROVALS

- PRINCIPAL: YES NO SIGNATURE: _____ DATE: _____
- RISK MNGMT (if applicable): YES NO SIGNATURE: _____ DATE: _____
- OEHS (if applicable): YES NO SIGNATURE: _____ DATE: _____
- LOCAL DIST. YES NO SIGNATURE: _____ DATE: _____
- CENTRAL OFF.: YES NO SIGNATURE: _____ DATE: _____
- BD OF EDUC (if applicable) YES NO If yes, attach copy of Board authorization DATE: _____

NOTE: ONLY TRIPS INVOLVING ADMISSION CHARGES AND SITES NOT ON APPROVED LIST MUST BE PROCESSED THROUGH THE APPROPRIATE DIVISIONS