**Field Trip Policy & Procedures**

As you know field trips are an amazing addition to our school and we appreciate the extra time and planning they require.  Please use the attached REALM permission slip for ALL field trips.  Feel free to attach a cover letter with additional details about your trip including a list of items students should bring if applicable.  

**Approval**

1. Fill in the top portion of the permission slip and submit to the site principal for approval; provide information with location, objective, dates, times, and additional details three weeks in advance. Prior to submitting the flip for approval ensure that the following has been addressed:
   1. A plan for supervision of students who stay behind.
   2. Transportation to and from has been thought through.
   3. Number of chaperones needed to supervise fieldtrips.
   4. If you are not taking all of your classes on the trip, the name of the substitute teacher who will cover your other classes.
2. Upon securing approval, inform Emily N. about the dates, number of students, and needs for bag lunch at least three weeks in advance.

**Transportation**

1. Speak with Emily N. to arrange transportation. (what if students will be using public transit?)
2. If parents or staff members are driving, a California driver’s license and proof of insurance MUST be on file with Emily. On the top section of the permission slip in the “Transportation” section include the names of the parent drivers. Parents and staff members should NOT be driving students without parent permission and a CDL and proof of insurance on file.
3. If you plan to release students from the fieldtrip site, their parents must grant special written permission for this; verbal permission over the phone is not acceptable.

**Final Steps**

1. Distribute and receive the REALM permission slips from all students. Students who do not return the permission slip will NOT be allowed to participate.
2. Communicate with grade-level teachers whose classes will be affected about how the trip will affect their classes. Plan accordingly.
3. Provide instructions to chaperones, and assign them a group of students to monitor.
4. Review behavior and academic expectations of students before leaving. Reiterate these expectations upon arrival.
5. Take attendance before leaving, upon arrival to the site, and before returning t school to ensure that no students are left behind.

**STUDENT ACTIVITY/FIELD TRIP PERMISSION SLIP**

|  |  |
| --- | --- |
| Name and Location of Activity/Field Trip: California Shakespeare Theatre | |
| Date of Activity/Field Trip: Thursday, September 11, 2014 | |
| Time of Departure: 9:00 a.m. | Time of Return: 3:00 p.m. |
| Requesting Sack Lunches? None | If yes, how many: 0 |
| Transportation Type: BART ($5.10 for round trip) | |
| Student Needs to Bring: Snacks/Lunch; there is food to buy but expensive and lines are long | |
| Cost: $15.00 | |
| Name of Staff Person in Charge: Lisa Gallien | |
| Emergency Contact # During Trip: (408) 832-7204 | |
| Administrator Approval  Signature: Date: | |

**(please keep this portion for your information)**

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**Return slip and payment to School by Tuesday, September 9**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parent/Guardian Permission** | | | | |
| I give my permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to participate in the above described activity/field trip.  I, hereby release, and discharge REALM Charter School, its officers, employees, agents, and servants (herein collectively referred to as REALM) from all liability arising out of or in connection with the above described activity/field trip. In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child.  I fully understand that my child is to accept all rules and requirements governing conduct during the field trip.  **Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Special Permission:**   * **I grant permission for my child to be dismissed from Orinda BART; my child does NOT have a 6th period class.**   **Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| * I have included $\_\_\_\_\_\_\_\_\_\_ for the field trip * I have included $\_\_\_\_\_\_\_\_\_\_ to cover the cost and support another student * I am unable to contribute. * I am available to chaperone if needed. You may contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to discuss details. | | | | |
| Home Phone Number: | Cell Phone Number: | | | Additional phone number where I may be reached during this trip: |
| Student’s Heath Insurance Plan: | | | Policy Number: | |
| In the event of illness or accident during this trip and Parent/ Guardian cannot be reached, please contact: | | | | |
| Name: | | Relationship to student: | | |
| 1st contact number: | | 2nd contact number: | | |