BASHA HIGH SCHOOL

INSTATE Field Trip Checklist 23-24

**Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fieldtrip to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of fieldtrip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher’s checklist : *ALL* of these items must be included in this packet. Incomplete packets will be returned.**

* **Professional Leave Request – 1 for every employee attending**
* **Field Trip Transportation Request**
* **Routing Form – MUST** **have an account balance print out and a bookstore manager signature**. If using student activities funds, you must attach minutes authorizing use.
* **Student Roster and list of Chaperones –** Tentative with paperwork. Final student roster must be sent to the attendance office at least 24 hours prior to the field trip. List must include student names, ID #s, where you will be going and the times you will be gone.
* **Event Documentation –** Brochure or print-out of details with pricing.

**Please remember**

* **Purchase Requisitions –** responsibility of teacher. Work with bookstore.
* **Fee Proposal Form –** if collecting money for a field trip. Work with bookstore.
* **Event Registration –** responsibility of teacher to submit and confirm registration
* **Report your absence as a field trip**
* **Permission Slips** – to be kept with you

**Office Use**

**\_\_\_\_\_ *ALL* Professional leaves attached (# of adults/CTE?) \_\_\_\_\_ # of Chaperones \_\_\_\_staff \_\_\_\_ non-staff**

**\_\_\_\_\_ Transportation Request \_\_\_\_\_ Tax Credit, Aux, Student Activities, M&O**

**\_\_\_\_\_ Account balance attached \_\_\_\_\_ Student Activities Minutes attached**

**Sent to District Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date approved by DO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leave given to Tammy Bell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date entered in Triptracker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trip # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Triptracker approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forwarded \_\_\_\_\_\_\_\_ Put on Calendar \_\_\_\_\_\_\_\_\_**

**Charter request entered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Quote Forwarded \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notes:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\*\*\*\***BASHA** **HIGH SCHOOL**\*\*\*\*\*

**Field Trip/Transportation/Professional Leave Routing Form**

**Teacher Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_

***This routing form must accompany your Field Trip/Transportation/Professional Leave packet.***

**Route Form for Teachers**

**Signature required below for funding approval:**

**Funding for Trip:**

**IF USING: (check box below that applies)**

**Tax Credit (526)  Auxiliary (525)  Student** **Activity** **(850) (attached minutes required):**

See Bookstore Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bookstore Manager Signature

**If using:**  **M&O  Gift Fund**

See School Administrative Assistant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Admin Signature

If using **Athletic Funds:**

See Athletic Administrative Assistant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Admin Signature

**\*\*Printout of account balance must be attached as proof of available funding\*\***

Designated Site Principal to complete below:

Professional Leave approved  Field Trip Approved  Transportation Approved

Date sent to District Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Approved/Rec’d back from District Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scanned to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Scanned to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**All Forms completed, approved By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assistant Principal Signature**

**Submit packet to Field Trip/Transportation Coordinator when all forms have been completed and approval signatures have been obtained.**

**BASHA HIGH SCHOOL 2023-2024 TRANSPORTATION REQUEST**

**Teacher/Sponsor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Trip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class or Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Account transportation costs will be paid with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are funds being collected from students? Yes No If yes, how much per student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\*\*All monies must be collected by the BOOKSTORE only! \*\*\*

**Transportation needed:**

\_\_\_\_\_\_\_\_ Activity Bus (14 passengers) New (#237) \_\_\_\_\_\_\_\_ White (#188) \_\_\_\_\_\_\_\_ Gold (older) \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ Van (9 passengers)

\_\_\_\_\_\_\_\_\_ School Bus (56 passengers)

\_\_\_\_\_\_\_\_\_ Charter bus (55 passengers) \*attach charter request form\*

\_\_\_\_\_\_\_\_\_ Rental car or minivan \*need driver names and cell phone#s\* \*pick up \_\_\_\_\_\_\_\_\_\_ return \_\_\_\_\_\_\_\_\_\_\*

\_\_\_\_\_\_\_\_\_ Science is Fun truck

**Field Trip Information:** Please attach documentation for event (a flyer or email correspondence)

**1st Destination** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd Destination** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Departure time from BHS \_\_\_\_\_\_\_\_\_\_\_\_ Arrival time/event starts \_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of Adults \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Leave time from event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Return time to BHS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of Students \_\_\_\_\_\_\_\_\_\_\_**

**Pick up and Drop off location:** \_\_\_\_\_\_\_ at tennis courts \_\_\_\_\_\_\_ in loop off Riggs or other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*All transportation requests must be submitted to Sherri Torres/Eric Magana at least 15 school days before the date transportation is needed. Field trips must be between the hours of **9:30am and 1:30pm** if you are using a school bus. Return time back at school is the time you must be unloaded at BHS. Please do not contact transportation directly; all contact must be made through me (x2128). If you need to cancel your field trip for any reason, let me know as soon as possible. Failure to cancel transportation requests will result in fees deducted from the account you are using\*\*\*

**Special Instructions** (such as cargo storage or wheelchair capabilities or requests to stop for any reason):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Assistant Principal Signature of Approval Date

**1DATE\_\_\_\_\_\_\_\_\_\_\_\_\_ \*\*IN STATE ONLY\*\***

CHANDLER UNIFIED SCHOOL DISTRICT **IN STATE** PROFESSIONAL LEAVE REQUEST

**(SUBMIT AT LEAST 10 DAYS PRIOR TO ABSENCE)**

**INCOMPLETE FORMS WILL BE RETURNED**

**2**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **3**SCHOOL/DEPT/GRADE \_\_\_\_\_\_\_\_\_\_\_

**4**CONTACT EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CONTACT PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5**EMPLOYEE CLASSIFICATION: CERTIFIED  SUPPORT  ADMINISTRATOR

**6**DATES OF LEAVE (include travel days) \_\_\_\_\_\_\_\_

**7**IS A SUB NEEDED?  YES  NO **8**HOW MANY DAYS IS A SUB NEEDED? \_\_\_\_\_\_

**9**MODE OF TRANSPORTATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(i.e. school bus/school van/personal vehicle/air)

**10**PURPOSE OF LEAVE **(MUST WRITE BRIEF EXPLANATION AND ATTACH DOCUMENTATION)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11**WILL YOU BE PAID BY ANOTHER ENTITY FOR SERVICES PERFORMED DURING LEAVE?

Yes No If yes, how much \_\_\_\_\_\_\_\_ By whom? \_\_\_\_\_\_\_\_\_\_\_\_ Other info\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **12**I request district/school funds to finance this trip?  No  Yes (Complete information below)  **13**Account code for registration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account code for all other expenses\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Will submit expenses  ESTIMATED COST OF LEAVE upon return | | | |
| **14**Tuition/Registration | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **15**IFAS Requisition #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  for registration | **16** |
| **17**Housing  (# days \_\_\_\_ x $\_\_\_\_\_\_ (room rate) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **18**IFAS Requisition #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  for hotel | **19** |
| **20**Mileage | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (Mileage and food are estimates; | **21** |
| **22**Food | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | reimbursement will generally not | **23** |
| **24**TOTAL COST | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | exceed maximum allowed) |  |

**25**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **26**APPLICANT’S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatures Date Signed Approved Not Approved

**27**FUNDING SOURCE SUPR.

**28**PRINCIPAL/

APPROVAL OF FUNDS

**Principal’s signature signifies that the school budget will be charged if appropriate funds are not available in the traveling group’s account.**

ASST. SUPT.

SUPERINTENDENT \_\_\_\_\_\_