

**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

Name of School:	Telephone #:	Grade Level(s): Please Check. <input type="checkbox"/> PK <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Other	
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Employee Supervising Trip:	Employee #	Telephone Number:	Cell Number:
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1.	DESTINATION:	Are Admission fees charged: <input type="checkbox"/> YES <input type="checkbox"/> NO
2.	IS THE SITE A PRE-APPROVED SITE? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO (If so, contact the Division of Risk Management and Insurance).	
4.	DATE(S) OF TRIP:	OVERNIGHT TRIP: <input type="checkbox"/> YES <input type="checkbox"/> NO (See number 9)
5.	NUMBER OF STUDENTS:	NUMBER OF ADULTS: SUFFICIENT SUPERVISION? <input type="checkbox"/> YES <input type="checkbox"/> NO
6.	NAME/EMPLOYEE NUMBER OF EMPLOYEES ATTENDING TRIP: (Provide attachment if not sufficient space.)	

Name: Employee #:	Name: Employee #:	Name: Employee #:	Name: Employee #:
Name: Employee #:	Name: Employee #:	Name: Employee #:	Name: Employee #:

7.	SUBSTITUTE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY?	DAYS?	SOURCE OF FUNDS: (Include Program Code)	
8.	TIME SCHEDULED REQUESTED BY SCHOOL:	LEAVE SCHOOL: <input type="checkbox"/> AM <input type="checkbox"/> PM	ARRIVE DESTINATION: <input type="checkbox"/> AM <input type="checkbox"/> PM	LEAVE DESTINATION: <input type="checkbox"/> AM <input type="checkbox"/> PM	RETURN TO SCHOOL: <input type="checkbox"/> AM <input type="checkbox"/> PM
9.	DURATION OF TRIP:	<input type="checkbox"/> Less Than One Day	<input type="checkbox"/> One Day	<input type="checkbox"/> Overnight How many days?	Local District Approval <input type="checkbox"/> YES <input type="checkbox"/> NO
10.	METHOD OF TRANSPORTATION:	<input type="checkbox"/> School Bus How Many?	<input type="checkbox"/> Walking	<input type="checkbox"/> Automobile	Public Carrier: <input type="checkbox"/> Airplane <input type="checkbox"/> Boat <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> 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
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12.	TYPE OF ACTIVITIES: (Describe) <input type="checkbox"/> Inflatable Equipment <input type="checkbox"/> Aquatic Activity (e.g. Swimming) <input type="checkbox"/> Other
	HIGH RISK APPROVAL: LOCAL DISTRICT: <input type="checkbox"/> YES <input type="checkbox"/> NO RISK MANAGEMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO OEH&S: <input type="checkbox"/> YES <input type="checkbox"/> 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 Section and the Office of the Environmental 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
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15.	HAVE FORMS FOR PARENT'S OR GUARDIAN'S PERMISSION BEEN OBTAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO
	b. Has area been checked for potential hazards? <input type="checkbox"/> YES <input type="checkbox"/> NO
	c. Has the School Police Department been notified of the trip? <input type="checkbox"/> YES <input type="checkbox"/> NO
	d. Has approval been obtained from the Office of Outdoor Education? <input type="checkbox"/> YES <input type="checkbox"/> 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 ADMINISTRATION? (Applicable for trips involving Board approval.) <input type="checkbox"/> YES <input type="checkbox"/> NO
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A P P R O V A L S	PRINCIPAL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SIGNATURE:	DATE:
	LOCAL DISTRICT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SIGNATURE:	DATE:
	RISK MANAGEMENT (IF APPLICABLE)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SIGNATURE:	DATE:
	OEH&S (IF APPLICABLE)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SIGNATURE:	DATE:
	CENTRAL OFFICE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SIGNATURE:	DATE:
	BOARD OF EDUCATION (IF APPLICABLE)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SIGNATURE:	DATE:

NOTE: ONLY TRIPS INVOLVING ADMISSION CHARGES AND NON APPROVED SITES MUST BE PROCESSED THROUGH THE APPROPRIATE DIVISIONS. FAX COMPLETED APPLICATION TO (213) 241-8956. **Form 34-EH-57 Rev. 4/09 C.C. 9661224802**