



### SCSD Field Trip Checklist

- \_\_\_ Complete Appropriate Field Trip Request (Day/Local or Out-of-Town/Overnight) Documents
  - Day/Local Field Trip Form-Form2**
    - \_\_\_ Chaperone Background Cks
    - \_\_\_ Volunteers complete requirements
  - Out-of-Town/Overnight Field Trip Form-Form3**
    - \_\_\_ FBI Chaperone Background Cks
    - \_\_\_ Volunteers complete requirements
    - \_\_\_ Agenda/Itinerary submitted with Field Trip Request
    - \_\_\_ Hotel Contact Information
    - \_\_\_ Chaperone Contact Information (cell#) while on trip
    - \_\_\_ List of Attendees
  - Non-School Sponsored Trip/Event:**
    - \_\_\_ Statement of Non-School Sponsorship (Form 8)
    - \_\_\_ Facilities Use Application (Form 9)
- If Applicable:**
  - \_\_\_ Priv. Transp. Consent (Form 5 or 6)
  - \_\_\_ Driver's Agreement (Form 7)
- If Applicable:**
  - \_\_\_ Private Transportation Consent (Form 5 or 6)
  - \_\_\_ Driver's Agreement (Form 7)

- \_\_\_ Submit to Principal's Secretary for Principal's Approval
- \_\_\_ For use of District buses, complete TripDirect form and submit to Principal
- \_\_\_ Principal Approval for Trip
- \_\_\_ Submit paperwork to Curriculum & Instruction (attn: Alex Staude via email) and send originals via inter-office
- \_\_\_ After trip approved by Curriculum & Instruction, send Parent Consent Form home with students (Form 4)
- \_\_\_ Prepare an attendee list for use on trip
- \_\_\_ If applicable, notify the cafeteria of how many students will be away during lunch (2 weeks in advance for number of sack lunches needed).
- \_\_\_ Arrange for staff member to stay behind to supervise students not going on the trip.
- \_\_\_ Students staying should go through their normal daily schedule.
- \_\_\_ Leave detailed lesson plans for the team member to work with the students.

**Day of the Trip:**

- \_\_\_ Take attendance and submit final list of students present for field trip to school office prior to departure.
- \_\_\_ Take a copy of the Field Trip Consent/Emergency Medical Info form (Form 4) on the bus for the trip.
- \_\_\_ Take a first aid kit (obtain from the school nurse).

**THIS CHECKLIST MUST BE TURNED IN WITH THE BUS ATTENDANCE BEFORE LEAVING THE BUILDING.**

List all chaperones and cell #'s

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Sponsoring Teacher Signature/Cell#

\_\_\_\_\_

\_\_\_\_\_



City of St. Charles School District
REQUEST FOR APPROVAL FOR FIELD TRIP/EXCURSION
LOCAL / DAY TRAVEL ONLY

Date Requested

Date Submitted

Date Received C&I

No. of

Participants

School: \_\_\_\_\_ Class: \_\_\_\_\_

Date of Field Trip: \_\_\_\_\_ Destination: \_\_\_\_\_

Time of Departure: \_\_\_\_\_ Time of Return: \_\_\_\_\_

Description of Field Trip and Intended Learning Objectives: \_\_\_\_\_

Alignment of Field Trip Objectives to District Curriculum / State Standards / GLEs : \_\_\_\_\_

Method of Transportation:

- District Vehicle/Bus, Chartered Vehicle/Bus, Private Vehicle, Walk, Other

If a private vehicle is used for transportation then the Private Transportation Consent Form will be completed by the parents/guardians for each student and will be kept on file in the school office. Yes \_\_\_ No \_\_\_

Method of Financing Transportation: \_\_\_\_\_ Account Number: \_\_\_\_\_

Names of All Chaperones (Please indicate by asterisk any chaperones not currently employed by the District.) \_\_\_\_\_

If chaperones will be attending children without a district employee, have they completed a FBI fingerprint background Check? Yes \_\_\_ No \_\_\_

If non-employee chaperones will always have an FBI fingerprinted chaperone present, do they have a completed CD Central Registry Child Abuse Search Only (no charge) form on file? Yes \_\_\_ No \_\_\_

Have all non-District chaperones (volunteers) completed the mandatory training (Smarter Adult/Safer Child)? Yes \_\_\_ No \_\_\_

Will the parent of each student receive a written description of the trip? Yes \_\_\_ No \_\_\_

Will the parent's consent be obtained for each student? Yes \_\_\_ No \_\_\_

Will the Emergency Medical Information be on hand for each student? Yes \_\_\_ No \_\_\_

Will a First Aid Kit be available for emergency? Yes \_\_\_ No \_\_\_

Trip Sponsor (please print): \_\_\_\_\_ Sponsor Cell#: \_\_\_\_\_ Date TripDirect submission: \_\_\_\_\_

Signature of Sponsor of Trip \_\_\_\_\_

Date

Approval of School Principal \_\_\_\_\_

Date

This form must be submitted to the Curriculum Office two (2) weeks (14 days) prior to the date of field trip for local travel. It is understood that any arrangements made before receiving the Superintendent's approval shall be considered as temporary and shall be considered final only after official approval has been given by the Superintendent.

The Board of Education, through its official representative as signed below (\_\_\_ GRANTS, \_\_\_ DENIES) permission for the group named above to make a field trip in accordance with official Board policy, Field Trips and Excursions, IICA-R.

Associate Superintendent of Curriculum and Instruction \_\_\_\_\_

Date



**City of St. Charles School District  
REQUEST FOR APPROVAL FOR FIELD TRIP/EXCURSION  
OUT OF AREA / OVER NIGHT**

\_\_\_\_\_  
Date Requested

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Date Received C&I

School: \_\_\_\_\_ Class: \_\_\_\_\_ No. of Participants \_\_\_\_\_

Date(s) Field Trip: \_\_\_\_\_ Destination: \_\_\_\_\_

Time of Departure: \_\_\_\_\_ Time of Return: \_\_\_\_\_

Description of Field Trip and Intended Learning Objectives: \_\_\_\_\_  
\_\_\_\_\_

Alignment of Field Trip Objectives to District Curriculum / State Standards / GLEs : \_\_\_\_\_  
\_\_\_\_\_

Method of Transportation:

- District Vehicle/Bus                       Chartered Vehicle/Bus  
 Private Vehicle                               Walk                                       Other \_\_\_\_\_

If private vehicle is used for transportation then the Private Transportation Consent Form will be completed by the parents/guardians for each student and will be kept on file in the school office.                       Yes     No

Method of Financing Transportation: \_\_\_\_\_ Account Number: \_\_\_\_\_

Names of All Chaperones (Please indicate with asterisk any chaperone not currently employed by the District): \_\_\_\_\_  
\_\_\_\_\_

Have all non-employee chaperones completed a FBI fingerprint background check?    Yes \_\_\_ No \_\_\_

Have all non-District chaperones (volunteers) completed the mandatory training (Smarter Adult/Safer Child)?                      Yes \_\_\_ No \_\_\_

Will the parent of each student receive a written description of the trip?                      Yes \_\_\_ No \_\_\_

Will the parent's consent be obtained for each student?                      Yes \_\_\_ No \_\_\_

Will the Emergency Medical Information be on hand for each student?                      Yes \_\_\_ No \_\_\_

Will a First Aid Kit be available for emergency?                      Yes \_\_\_ No \_\_\_

An itinerary for the travel is attached, including: attendee list, hotel contact info, Lodging/transportation info, and Cell phone numbers for all chaperones                      Yes \_\_\_ No \_\_\_

Trip Sponsor (please print): \_\_\_\_\_ Sponsor Cell#: \_\_\_\_\_ Date TripDirect submitted: \_\_\_\_\_

\_\_\_\_\_  
Signature of Sponsor of Trip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval of School Principal

\_\_\_\_\_  
Date

This form must be submitted to the Curriculum Office two (2) weeks (14 days) prior to the date of field trip for local travel, four (4) weeks prior to the date for out of area / overnight travel, and six (6) weeks prior to the date for out of country travel. It is understood that any arrangements made before receiving the Superintendent's approval shall be considered as temporary and shall be considered final only after official approval has been given by the Superintendent.

The Board of Education, through its official representative as signed below ( \_\_\_ GRANTS, \_\_\_ DENIES) permission for the group named above to make a field trip in accordance with official Board policy, Field Trips and Excursions, IICA-R.

\_\_\_\_\_  
Associate Superintendent of Curriculum and Instruction

\_\_\_\_\_  
Date



St. Charles City School District Field Trip Consent Form

Field Trip Information

Date of Field Trip: \_\_\_\_\_

School \_\_\_\_\_ Class/Club \_\_\_\_\_

Name of Student \_\_\_\_\_

Destination: \_\_\_\_\_

Time Leaving School \_\_\_\_\_ Time Returning to School \_\_\_\_\_

Description of Activities: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_ # of Chaperones \_\_\_\_\_

\*Cost per student (including transportation) \_\_\_\_\_ Are students are expected to bring additional money for meals?: \_\_Yes \_\_No

*\*Students are expected to pay for their field trip cost.*

Medical Consent

Name of parent/guardian \_\_\_\_\_ Relationship to student \_\_\_\_\_

Contact#’s: Mother (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ Work: \_\_\_\_\_ Ext/Dept: \_\_\_\_\_

Father (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ Work: \_\_\_\_\_ Ext/Dept: \_\_\_\_\_

Legal Guardian(Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ Work: \_\_\_\_\_ Ext/Dept: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Phone # \_\_\_\_\_ Lives with: \_\_\_\_\_

Home Address: \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Physician’s Name \_\_\_\_\_ Physician’s phone # \_\_\_\_\_

Known Allergies(Latex, food, Environmental, Medications: \_\_\_\_\_

*Medical conditions (i.e. Asthma, Diabetes, etc.):* \_\_\_\_\_

**Medication(s) student is currently taking (daily):**

My child, \_\_\_\_\_, has my permission to participate in the above mentioned field trip/activity, as more fully described by the information attached hereto. I understand and acknowledge that the City of St. Charles School District will have no financial or legal responsibility for injuries arising out of participation in such activity.

I further acknowledge that compliance with the specific rules and requirements established for this activity, as well as the requirements of the Student Code of Conduct are expected at all times, and that failure to comply with such rules and requirements may result in discipline, up to and including possible dismissal from the above mentioned activity which may result in parent pick up if discipline occurs. I further acknowledge that inappropriate conduct while participating in this activity may result in additional discipline under Board of Education Policy, as such Policy applies to both in-school and out-of-school misconduct.

By signing this form, I hereby release the District, as well as its directors, officers, administrators, employees, and other agents from all liability for any and all injuries arising out of this field trip/activity. I further agree to indemnify and hold harmless the District, as well as its directors, officers, administrators, employees, and other agents, against any claims asserted by my child as a result of his or her participation in this field trip/activity.

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**PRIVATE TRANSPORTATION CONSENT FORM**  
 (Provided by coaches, activity sponsors, or other District employees)

Dear Parent or Guardian, and Student,

At times it may be appropriate for coaches or activity sponsors to transport students to and from certain school-sponsored activities by private transportation. Such activities may include field trips, athletic events, speech or music contests, and other activities that involve travel from and/or return to the school. When private transportation is provided by coaches or activity sponsors for such activities, the student and the student's parent or guardian must sign and submit this Private Transportation Consent Form. The form will be used only when the school has a direct role in organizing private transportation to and from a school-sponsored activity. A form is not required for private travel to and from school activities when the school district has no role in organizing the private transportation, and the school district shall not be liable for injuries arising out of such private transportation.

**Name of Activity:** \_\_\_\_\_  
**Location of Activity:** \_\_\_\_\_  
**Date(s) of Activity:** \_\_\_\_\_  
**Name of Sponsor/Driver:** \_\_\_\_\_

**RETURN THIS FORM TO THE SCHOOL BY: (DATE)** \_\_\_\_\_

My student, \_\_\_\_\_, has my permission to travel from school property (or other location) to this activity, as a passenger in a private automobile driven by the coach or activity sponsor identified above. I understand and acknowledge that the City of St. Charles R-VI School District will have no financial or legal responsibility for injuries arising out of such travel. I understand that the District is making no representations regarding and is not responsible for the fitness of the driver or other passengers, or the existence of insurance.

By signing this form, I hereby release the District, as well as its directors, officers, administrators, employees, and other agents from all liability for any and all injuries arising from my student's travel to this activity as a passenger in private transportation provided by the coach or activity sponsor. I further agree to indemnify and hold harmless the District, as well as its directors, officers, administrators, employees, and other agents, against any claims asserted by my student as a result of his or her travel to this activity in private transportation provided by a coach or activity sponsor.

**Must be signed by parent or guardian regardless of student's age unless student is emancipated, as declared by court order or other operation of law.**

\_\_\_\_\_  
**Parent or Guardian**

\_\_\_\_\_  
**Parent or Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

**To Be Signed by Student (regardless of age):**

I acknowledge that the District will have no financial or legal responsibility for injuries arising out of my travel from school (or other location) to this activity. I further acknowledge that if I engage in inappropriate conduct at any time during my travel to and from, attendance at, and/or direct participation in this activity, I will be subject to discipline under all applicable District policies and/or codes of conduct.

\_\_\_\_\_  
**Student**

\_\_\_\_\_  
**Date**



**PRIVATE TRANSPORTATION CONSENT FORM**  
 (Provided by students, parent, or other non-employees of the District)

Dear Parent or Guardian, and Student,

At times it may be appropriate to transport students to and from certain school-sponsored activities by private transportation. Such activities may include field trips, athletic events, speech or music contests, and other activities that involve travel from and/or return to the school. When private transportation is used for such activities, the student and the student's parent or guardian must sign and submit this Private Transportation Consent Form. The form will be used only when the school has a direct role in organizing private transportation to and from a school-sponsored activity. A form is not required for private travel to and from school activities when the school district has no role in organizing the private transportation, and the school district shall not be liable for injuries arising out of such private transportation.

**Name of Activity:** \_\_\_\_\_  
**Location of Activity:** \_\_\_\_\_  
**Date(s) of Activity:** \_\_\_\_\_  
**Name of Sponsor:** \_\_\_\_\_

**RETURN THIS FORM TO THE SCHOOL BY: (DATE)** \_\_\_\_\_

My child, \_\_\_\_\_, has my permission to travel from school property (or other location) to this activity by private transportation, either as the driver or as a passenger in a private automobile driven by another student, parent, or other person. I understand and acknowledge that the City of St. Charles R-VI School District will have no financial or legal responsibility for injuries arising out of such travel. I understand that the District is making no representations regarding and is not responsible for the fitness of drivers or passengers, or the existence of insurance.

By signing this form, I hereby release the District, as well as its directors, officers, administrators, employees, and other agents from all liability for any and all injuries arising from my child's travel to this activity by private transportation. I further agree to indemnify and hold harmless the District, as well as its directors, officers, administrators, employees, and other agents, against any claims asserted by my child as a result of his or her travel to this activity by private transportation.

**Must be signed by parent or guardian regardless of student's age unless student is emancipated, as declared by court order or other operation of law.**

\_\_\_\_\_  
**Parent or Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Guardian**

\_\_\_\_\_  
**Date**

**To Be Signed by Student (regardless of age):**

I acknowledge that the District will have no financial or legal responsibility for injuries arising out of my travel from school (or other location) to this activity. I further acknowledge that I have a responsibility to travel directly from school (or other location) to the activity and that failure to report to this activity on time may result in discipline, up to and including possible dismissal from this activity. I further acknowledge that inappropriate conduct during travel to this activity may result in such discipline with respect to participation in the activity, as well as additional discipline under Board of Education Policy, as such Policy applies to out-of-school misconduct.

\_\_\_\_\_  
**Student**

\_\_\_\_\_  
**Date**



**Field Trip Private Transportation  
Driver's Agreement**

**Driver:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I, \_\_\_\_\_, certify that I have a current, valid driver's license and have proof of current car insurance on file with the school office.

I understand that if I choose to conduct this transport, that my automobile insurance will be considered "primary" and the school's insurance will only pay as a "secondary" to any claims as a result of any accident.

I certify that I have not been charged or convicted of Driving Under the Influence (DUI or DWI).

I also certify that I am not taking any prescription medication that would impair my driving ability, nor will I be driving under the influence of alcohol or any other drugs while transporting any students to or from the St. Charles R-6 School District.

I have not been charged with or convicted of a crime that would require me to register on the sex offender data base.

Field Trip/Activity: \_\_\_\_\_  
 Location of Activity: \_\_\_\_\_  
 Date of Trip: \_\_\_\_\_

Print Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Make & Model of Car: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Driver's Cell Phone Number (in the event of emergency): \_\_\_\_\_

\_\_\_\_\_  
 Signature of Driver

Attachments: Copy of Valid Driver's License  
 Copy of Proof of Current Car Insurance



STATEMENT OF NON-SCHOOL SPONSORSHIP

I acknowledge that my child will be attending a trip to \_\_\_\_\_ sponsored by \_\_\_\_\_ [name of teacher], beginning on \_\_\_\_\_, and ending on \_\_\_\_\_. I realize that \_\_\_\_\_ [name of teacher] is a teacher employed by the City of St. Charles School District. However, I understand and acknowledge that this trip is sponsored by \_\_\_\_\_ [name of teacher], through a private travel organization, and **not** by the City of St. Charles School District. Thus, my son/daughter's participation in this trip is not sponsored, endorsed, approved, or authorized by the School District; nor does the School District exercise any supervision over, or any responsibility for, any aspect of this trip. Accordingly, I recognize and acknowledge that the City of St. Charles School District has no legal or financial responsibility, in any manner whatsoever, for this trip or for any harm, injury, or other loss that may arise as the result of my child's participation in this trip.

I UNDERSTAND AND AGREE TO THE ABOVE-REFERENCED TERMS:

\_\_\_\_\_  
Print or type student's name

\_\_\_\_\_  
Parent/Legal Guardian's signature

\_\_\_\_\_  
Student's signature

**ACKNOWLEDGMENT**

State of: MISSOURI

County of: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year, \_\_\_\_\_, before me, \_\_\_\_\_,

a Notary Public in and for said state, personally appeared, \_\_\_\_\_,

known to me to be the person who executed the within \_\_\_\_\_,

and acknowledged to me that he/she executed the same for the purposes therein

stated.

\_\_\_\_\_  
Notary Public (Signature)



City of St. Charles School District  
 400 North Sixth Street  
 St. Charles, MO 63301

## FACILITIES USE APPLICATION

(Minimum 2 week notice required)

Before filling out this application, please read the Rules and Regulations on our District website under board policy KG and KG-R and then complete the form below.

Charge for this Facility: \$ \_\_\_\_\_ Charge for Custodian \$ \_\_\_\_\_

Today's Date: \_\_\_\_\_ Profit \_\_\_\_\_ Non-Profit \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Facility you are requesting: \_\_\_\_\_

Location in facility that you will be using: \_\_\_\_\_ # People attending \_\_\_\_\_

Equipment requested: # Tables \_\_\_\_\_ # Chairs \_\_\_\_\_ Podium \_\_\_\_\_ Microphone \_\_\_\_\_ List other \_\_\_\_\_

For Auditorium use/circle please: **Lighting** **Spotlights** **Sound** **Risers** **Projector Screen**

Purpose for which the above facility is to be used: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_

Time beginning (include set-up): \_\_\_\_\_ Time ending (include clean-up): \_\_\_\_\_

Name of person(s) in charge of this event: \_\_\_\_\_

This application is made with full understanding of the General Regulations on Building Usage which are found on our District Website as stated above. The user agrees to defend and hold the City of St. Charles School District, it's officers, agents and employees harmless from every claim, demand, loss, damage, liability and expense relating to any actual or alleged injury to any person or actual or alleged loss or damage to property caused by or resulting from any occurrence on the school premises in connection with use of this facility, except those caused by the gross negligence or willful misconduct of agents and employees of the City of St. Charles School District. The applicant personally guarantees the payment of fees, miscellaneous charges or damages that may be assessed during the period the facility is in use based on the date and time indicated.

**\*Certificate of Insurance required for all events.**

**By signing this application you have read and agree to abide by the school policy and all applicable fees.**

\_\_\_\_\_  
 Applicant's Name (Print)

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Email address

\_\_\_\_\_  
 Contact phone numbers

\_\_\_\_\_  
 Address City State Zip code

\_\_\_\_\_  
 Approved: Principal

\_\_\_\_\_  
 Approved: Business Office

**Volunteers**

Building principals and field trip organizers are responsible for ensuring that volunteers working with students have approved background checks on file.

The district will conduct a Children's Department (CD) background check and search of Missouri Case.net on all persons volunteering in positions where they will NOT be left alone with a child. There is no cost for these searches.

Volunteers who will be left alone with a child and/or supervise overnight trip must have a complete \*fingerprint background check through MACHS. Volunteers needing such a search must contact Kathy Beerman in the Human Resources office 636-443-4003 for instructions. The volunteer is responsible for the cost of the search, which is currently \$41.80. The district will also complete a free search of the Childrens Division and Missouri Case.net system on volunteers.

\*Fingerprint background checks are much more comprehensive and accurate than "name searches". The background checks required provide the most comprehensive information, including open and closed records in Missouri, Sex Offender Registry information, and national criminal record databases.

**Volunteer Background Checks should be completed every five years.**

<b>Potential Volunteer Responsibilities and Type of Search Required</b>		
Attend school functions such as child's classroom party	Not responsible for supervision of children. Staff present.	No background checks required
Room Parent Classroom Volunteer	Not to be left alone with any single child	Free Childrens Division Check & Missouri Case.net (school conducts)
Field Trip Chaperone	Not to be left alone with a child (supervise small group of students <u>with</u> staff members)	Free Childrens Division Check & Missouri Case.net (school conducts)
Field Trip Chaperone	Responsible for supervision of single child without adult staff member(s) present	Fingerprint background check MACHS (call 636-443-4003 for information) free Children's Division background check & Missouri Case.net (school conducts)
Overnight Trip Chaperone	With student supervision responsibilities (bed checks, curfew enforcement, etc.)	Fingerprint background check MACHS (call 636-443-4003 for information), free Children's Division background check & Missouri Case.net (school conducts)

**Mandatory Training for Volunteers**

Per insurance company guidelines, our district is responsible for ensuring that volunteers complete the Smarter Adults – Safer Children training prior to volunteering.

**Required Volunteer Training can be found on the district website:**

<http://www.stcharles.k12.mo.us/> The link to the Required Volunteer Training is on the left side of the home page.