



Sacramento City Unified School District FIELD TRIP INFORMATION

This information is provided in the form of a checklist to assist you in completing the necessary paperwork for field trips. For trips other than local, please submit this form with the necessary information to the segment administrator for approval. For local trips with volunteer drivers please submit to segment administrator for approval. All forms are available on the intranet under Risk Management Field Trips. Release of Driver Record Information form should be submitted in advance to Risk Management prior to submitting completed packet for approval. On the day of the trip updated rosters and transportation lists should be submitted to the Transportation Office, Area Assistant Superintendent's Office, and provided to the driver(s) and/or field trip coordinator. Parent permission forms and rosters are carried by the field trip coordinator on the trip.

Important: Keep all field trip documents on file at the site for at least 2 years.

School _____

Date of Field Trip Mar / 10 / 2018

Number of Students _____

Number of Chaperones _____

☒ **Local Trip (50-mile radius, submit for approval 2 weeks prior to trip if walking 6 weeks prior for bus or volunteer drivers)**

- ☒ Field Trip Request Form (RSK-F106A)
- ☒ Principal Approval
- ☐ Segment Administrator approval (**only required if volunteer drivers**)
- ☐ Itinerary
- ☒ Field Trip Roster (RSK-F106I) or Infinite Campus printout okay
- ☒ Student Field Trip Authorization Form (RSK-F106C)
- ☐ Agreement for Activity Participation Form
- ☐ Volunteer Personal Automobile Use Form (RSK-F106E) - if applicable
- ☐ Field Trip Passenger Vehicle List (RSK-F106G)
- Volunteer drivers must be fingerprinted (Form BC -1) Contact Human Resources
- ☐ Release of Driver Record Information Form – if applicable
- ☒ Authorization for Administration of Medication Form – If applicable
- ☐ Bus Request Form (TRA-F006) - if applicable
- ☐ Student Alternate Transportation Form (RSK-F100B) - if applicable
- ☐ Student Personal Automobile Use Form - if applicable must be accompanied with RSK-F100B
- ☐ Scheduling and Notification of Field Trip Form (Food Request) NSD-F028

☐ **Out-of-Town (beyond 50-mile radius, submit for approval 6 weeks prior to trip)**

- ☐ Field Trip Request Form (RSK-F106A)
- ☐ Principal Approval
- ☐ Segment Administrator Approval
- ☐ Itinerary
- ☐ Field Trip Roster (RSK -F106I) or Infinite Campus printout okay
- ☐ Student Field Trip Authorization Form (RSK-F106C)
- ☐ Agreement for Activity Participation Form
- ☐ Volunteer Personal Automobile Use Form (RSK-F106E) - if applicable
- ☐ Field Trip Passenger Vehicle list (RSK - F106G)
- Volunteer drivers must be fingerprinted (Form BC-1) Contact Human Resources
- ☐ Release of Driver Record Information Form – if applicable
- ☐ Authorization for Administration of Medication Form – If applicable
- ☐ Bus Request Form (TRA-F006) - if applicable
- ☐ Student Alternate Transportation Form (RSK-F100B) - if applicable
- ☐ Student Personal Automobile Use Form - if applicable must be accompanied with RSK-F100B
- ☐ Scheduling and Notification of Field Trip Form (Food Request) NSD-F028

☐ **Overnight Trip (Submit for approval 6 weeks prior to trip)**

- ☐ Field Trip Request Form (RSK-F106A)
- ☐ Principal Approval
- ☐ Segment Administrator Approval
- ☐ Itinerary
- ☐ Field Trip Roster (RSK-F106I) or Infinite Campus printout okay.
- ☐ Student Field Trip Authorization Form (RSK-F106C)
- ☐ Agreement for Activity Participation Form
- ☐ Overnight Trips Hotel Accommodations Form (RSK-F106H)
- ☐ Overnight Sleeping Arrangements Form (RSK-F106D)
- ☐ Volunteer Personal Automobile Use Form (RSK-F106E) - if applicable
- ☐ Field Trip Passenger Vehicle list (RSK-F106G)
- ☐ Volunteer drivers must be fingerprinted (Form BC-) Contact Human Resources
- ☐ Release of Driver Record Information – if applicable
- ☐ Authorization for Administration of Medication Form – If applicable
- ☐ Bus Request Form (TRA-F006) - if applicable
- ☐ Student Alternate Transportation Form (RSK-F100B) - if applicable
- ☐ Student Personal Automobile Use Form - if applicable must be accompanied with RSK-F100B
- ☐ Scheduling and Notification of Field Trip Form (Food Request) NSD-F028

☐ **Field Trip Involving Swimming or Wading - please add additional forms to appropriate trip: (Submit for approval 6 weeks prior to trip)**

- ☐ Segment Administrator Approval
- ☐ Lifeguard Certificate and specific Chaperones ratios are required per Board Policy AR 6153
- ☐ Certificate of Insurance from private pool owner required per Board Policy AR 6153

☐ **Field Trip Involving Unusual Activities - please add additional forms to appropriate trip: (High risk activities such as rafting, snorkeling, rock climbing, skiing, etc.) Submit for approval 6 weeks prior to trip**

- ☐ Segment Administrator Approval
- ☐ Risk Management Approval
- ☐ Itinerary
- ☐ Agreement for Activity Participation Form
- ☐ Special Event Liability Insurance Application may be required (RSK-F105B)

☐ **Out of State/Country – BOARD APPROVAL REQUIRED (Submit for approval 6 weeks prior to trip - Trips not submitted to Segment Administrator 6 weeks prior to trip can be considered automatically rejected by the Board of Education.)**

- ☐ Field Trip Request Form (RSK-F106A) - **(Must be typed in order to present to the Board)**
- ☐ Principal Approval
- ☐ Segment Administrator Approval
- ☐ Risk Management Approval
- ☐ Chief Business Officer Approval
- ☐ Board Approval (Trips not submitted to Segment Administrator
- ☐ Out-of-State/Country Request Form (RSK-F106B)
- ☐ Itinerary
- ☐ Field Trip Roster (RSK-F106I) or Infinite Campus printout okay.
- ☐ Student Field Trip (Outside California) Authorization (RSK-F106J)
- ☐ Agreement for Activity Participation Form
- ☐ Adult Field Trip Authorization Form – if applicable
- ☐ Overnight Trips Hotel Accommodations Form (RSK-F106H)

- ☐ Overnight Sleeping Arrangements Form (RSK-F106D)
- ☐ Volunteer Personal Automobile Use Form (RSK-F106E) - if applicable
Volunteer drivers must be fingerprinted (Form BC -1) Contact Human Resources
- ☐ Release of Driver Record Information – if applicable
- ☐ Authorization for Administration of Medication Form – If applicable
- ☐ Field Trip Passenger Vehicle list (RSK-F106G)
- ☐ Scheduling and Notification of Field Trip Form (Food Request) NSD-F028
- ☐ Travel Request Form (ACC-F014)
- ☐ Bus Request Form (TRA-F006) - if applicable
- ☐ Student Alternate Transportation Form (RSK-F100B) - if applicable
- ☐ Student Personal Automobile Use Form - if applicable must be accompanied with RSK-F100B

GUIDELINES

Student Ratio:

The ratio of adult chaperones to students shall be at least (1) one to (10) ten secondary. In grades 4-6, this ratio shall be (1) one to (8) eight. In grades K-3, this ratio shall be (1) one to (4) four.

Activity Supervisor Clearance Certificate (ASCC):

California Education Code 35330(d) – Provide supervision of pupils involved in field trips or excursions by certificated employees of the district. This certificate is mandatory effective July 1, 2010. You must acquire this certificate if you are non-certificated (paid or non-paid) supervising, directing, or coaching a pupil activity program. Applicants can go to www.ctc.ca.gov and submit an online application. There is a fee not paid for by district.

Trips involving water or water activities including swimming or wading:

All certificated employees and adults associated with the trip are to be familiar with District policies/regulations including Board Policy AR 6153:

Swimming facilities, including backyard pools, must be inspected by the principal and teacher before the trip is scheduled. Owners of private pools must provide a certificate of insurance, designating the district as an additional insured, for not less than \$500,000 in liability coverage.

Lifeguards must be designated for all swimming activities. If lifeguards are not provided by the pool owner or operator, the principal shall ensure their presence. Lifeguards must be Red Cross certified or equivalent and must be at least 21 years old.

The ratio of adult chaperones to students shall be at least (1) one to (10) ten secondary. In grades 4-6, this ratio shall be (1) one to (8) eight. In grades K-3, this ratio shall be (1) one to (4) four. Specific supervisory responsibilities shall be determined in advance to accommodate the varying swimming abilities of students. These responsibilities shall be clarified in writing and reviewed verbally before the trip.

Emergency procedures shall be included with written instructions to adult chaperones and staff.

Staff and chaperones assigned to supervise students must wear swim suits and know how to swim. The principal may require students to wear flotation devices, depending upon their age and swimming ability. A buddy-system or other means of surveillance shall be arranged in advance and strictly enforced during swimming activities.

Unusual Activities, certain water or high risk activities: (examples: rafting, snorkeling, rock climbing, skiing, etc.) may not be approved or a special parent waiver may be required. Prior to signing a contract or waiver with a vendor, and also submitting a “Special Event Liability Insurance Application” provide information to Risk Management for review and approval.

Vehicle Safety Program - Employee Pull Notice:

The Sacramento City Unified School District has established a driver's safety program known as "EPN" (Employee Pull Notice) for all employees that drive district vehicles, also, volunteers, and/or staff driving district students. This program allows the District to monitor driver license records of employees who are required to drive on behalf of the District. This program is designed to ensure safety of staff, students, and the community. If you have questions or concerns regarding this request, please feel free to contact the office of Risk & Disability Management at (916) 643-9421.

Please be aware of timelines and plan for the necessary preparation time prior to submitting this form. This form must be submitted six (6) weeks in advance when approval is required. Make sure to submit a clear copy of the driver license with the Release of Driver Record Information Form. The sole purpose of the information is to verify driver license validity. All other information is not relevant to driving privileges.

When transporting students, stay with the group, do not make unauthorized stops unless there is an emergency, do not skip-planned stops, make sure the vehicle has a first aid kit readily accessible and make sure that all students have the appropriate safety restraints.

Bus Transportation: Only buses licensed to carry school children can be used. Check with Transportation Services for availability or a list of approved bus companies for rental information.

Van Transportation: Vehicles designed to hold more than ten people, including the driver, are not allowed regardless of the number of people riding. There will be no secondary liability coverage by the district or their insurers for any such vehicles. The district will not pay for nor be responsible for any collision or comprehensive damage to the vehicle. (A 10-14 passenger van with seats removed **does not** qualify to carry students – See annual bulletin on vehicle restrictions)

Limousines are discouraged; if used, they must comply with van transportation requirements and have seatbelts.

Private Vehicle Transportation: Secure the "Volunteer Personal Automobile Use Form" for each vehicle. Provide completed copy of the "Release of Driver Record Information Form" for each driver using private vehicle or driving a rental vehicle.

Student Personal Automobile Use Form:

This is the first form that must be completed before a student can drive himself/herself to a district sponsored curricular or extracurricular activity.

Student Alternate Transportation Form:

This is the second form to be completed when a student is allowed to drive himself/herself to a district sponsored curricular or extra-curricular activity. This form must be signed by the supervising coach/teacher, and serves the separate purpose of gaining their approval for the student to transport himself/herself to the event.

Out-of-State or Out-of-Country Trips: To be forwarded to Segment Administrator (**Six Weeks prior to trip**) along with the Field Trip Request form: **(1)** Completed Out-of-State/Out-of-Country Form **(2)** Pertinent information required for completion of the agenda item: reason for trip, itinerary, accommodation information including facility name, address, phone number, etc. and funding source for cost of trip and transportation.

Administering Medication - Students with Medical Conditions:

Ascertain if any students attending field trip have medical conditions that require medication administration. For field trips taking place during regular school hours, you may bring the child's medication, Authorization to Administer Medications at School, any Emergency Care Plan and ensure that a staff member attending field trip has been trained on the Administration of Medications in the School. For field trips requiring travel times outside of the regular school day OR for any overnight field trip, send home with Student Permission Slips the Field Trip Medication Authorization form to be signed by parent and Health Care Provider. Medications must be in original labelled containers. Discuss with Health Services whether hired nursing support would be required (such as with Type 1 Diabetics, Severe Seizure Disorders). Again, any staff member attending field trip that will administer medications must be trained in advance.

Chaperone Requirements (Role):

All school rules apply on school sponsored field trips. Chaperones are expected to comply with school policies, follow the directions given by the field trip coordinator/teacher, work cooperatively with other volunteers and school staff members, and model appropriate behaviors for students. The chaperone will follow the trip plan developed by the field trip coordinator/teacher.

Students must be supervised at all times while at a school sponsored event. Students must stay with their chaperone, at all times. Go over use of the buddy system with students. Account for all participants regularly and before changing activities. Be sure to know when and where to meet the rest of the group at the end of the visit. Chaperones must be readily available, be mindful of safety concerns, and respond to students' needs. Do not use cell phone for non-emergency or non-trip related purposes. It is not acceptable for outside work or reading to be completed while supervising students. While chaperones are responsible for student behavior, it is the responsibility of the teacher to discipline a student.

Chaperones **may not** do the following:

- **may not** use or possess alcohol or other drugs
- **may not** use tobacco in the presence of, or within the sight of, students
- **may not** administer any medications, prescription or nonprescription, to students unless authorized by appropriate district administration to do so.

For the protection of both the student and the chaperone, chaperones should not place themselves in situations in which they are alone with a student. Be sure you know what to do in an emergency (medical emergency, natural emergency, lost child, serious breach of rule, etc.) Know who is first aid trained, where the first aid kit is, where your cell phone is and/or nearby means of communication.

Sacramento City Unified School District
FIELD TRIP REQUEST FORM
 (USE A SEPARATE FORM FOR EACH TRIP)

Parent Permission Form is required for each student field trip. See below reference distribution section for details concerning each type of trip.

School Name _____ Date _____ / _____ / _____

Teacher's Name _____ Room # _____ Telephone # _____
 Fax # _____

Field Trip Destination UC Davis Cesar Chavez Youth Leadership Conference and Celebrations

☒ Local-50 mile radius (bus/walking) ☐ Local-50 mile radius (driver led trips) ☐ Out-of-Town (Beyond 50 mile radius)
(forward directly to Field Trip Office)

☐ Overnight ☐ Out-of-State/Country ☐ Involving Swimming or Wading ☐ Unusual Activities

Route US 50

Educational nature of field trip/excursion College Fair and Workshops

Depart Date Mar / 10 / 2018 Time 7:15 am/pm Return Date Mar / 10 / 2018 Time 5:00 am/pm

TRANSPORTATION will be provided by: ☐ Walking ☒ School Bus - contact Transportation Field Trip Office
☐ Charter Bus Company (certified): ☐ Yes ☐ No - Check with Field Trip Office
☐ Private Vehicle/Parent Driver/Faculty Driver - Complete Volunteer Personal Automobile Use Form for each vehicle and driver, must have fingerprint clearance (check with Human Resources for fingerprint clearances)
☐ Public Transportation ☐ Train ☐ Commercial Airline ☐ Other: _____

Funding Source District Funds Financial Assistance Available? ☐ Yes ☐ No

Number of students participating: _____

| Adult Chaperones/Drivers: | | DRIVER | | DRIVER | |
|---------------------------|--|----------|--|--------|--|
| 1) _____ | <input type="checkbox"/> yes <input type="checkbox"/> no | 2) _____ | <input type="checkbox"/> yes <input type="checkbox"/> no | | |
| 3) _____ | <input type="checkbox"/> yes <input type="checkbox"/> no | 4) _____ | <input type="checkbox"/> yes <input type="checkbox"/> no | | |

Teachers and Staff Attending:

| | | | |
|----------|--|----------|--|
| 1) _____ | <input type="checkbox"/> yes <input type="checkbox"/> no | 2) _____ | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 3) _____ | <input type="checkbox"/> yes <input type="checkbox"/> no | 4) _____ | <input type="checkbox"/> yes <input type="checkbox"/> no |

Principal Approval _____ Date _____

Risk Management Approval (Unusual Activities) _____ Date _____

Segment Administrator Approval _____ Date _____

Distribution: Refer to the Field Trip Information Form RSK 106F for the forms and distribution required for each trip:

- Local Trip (school or charter bus):** (50-mile radius) - Submit to Principal for approval. Maintain all documents at site and forward a copy to Segment Administrator.
- Local Trip:** (50-mile radius: driver led, walking trip) - Submit driver led trips to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip. Submit walking trips to Principal for approval then forward to Segment Administrator for approval 2 weeks prior to trip.
- Out-of-Town:** (beyond 50-mile radius) - Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
- Overnight Trip:** Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
- Trip Involving Swimming or Wading:** Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip.
- Trip Involving Unusual Activities (Water sports or high risk activities such as rafting, snorkeling, rock climbing, skiing, etc.)** - Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip. This may require **Special Event Liability Insurance**.
- Out-of-State/Country:** Submit to Principal for approval then forward to Segment Administrator for approval 6 weeks prior to trip. Must have Superintendent, Board of Education and Risk Management approval prior to trip. Segment Administrator will place field trip item on Board Agenda. Trips not submitted to Segment Administrator 6 weeks prior to trip will be considered automatically rejected by the Board of Education.
- Approved forms will be returned by Segment Administrator. Maintain a copy of all forms at site for 2 years.**

FIELD TRIP ROSTER

Please print or type alphabetically (Infinite Campus printout acceptable, make sure to have all of the below information).

School: _____

Field Trip Dates: _____/_____/_____

[illegible]



STUDENT FIELD TRIP AUTHORIZATION

No student will be permitted on the field trip unless this completed and signed authorization is submitted to the supervising teacher, sponsor, or school Main Office at least 6 weeks prior to the field trip.
Verbal authorizations or authorizations not on this form cannot be accepted.

| | |
|------------------------------------|-----------------|
| Student Name: | Address: |
| Grade: | DOB: |
| School: | Home Telephone: |
| Emergency Contact & Telephone No.: | |
| Field Trip Destination: | UC Davis |
| Date of Trip: | March 10, 2018 |
| Expected Departure Time: | 7:00 AM |
| Expected Return Time: | 4:15 PM |
| Method of Transportation: | District Busses |
| Supervising Teacher/Sponsor: | |
| Medical Conditions/Medications: | |

By signing below, I acknowledge and agree as follows:

1. Participation in this field trip is voluntary and is a privilege. I understand that the student has the right and ability to remain at school instead of participating in the field trip. I request that the student be allowed to participate in the field trip, under the supervision of the supervising teacher/sponsor and/or adult chaperones with transportation to be provided in the described manner (which may include transportation in non-District owned/operated vehicles).
2. California Education Code Section 35330 states that: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." I understand and agree that I cannot hold the District, its officers, agents, or employees liable for any claim arising out of, or which is in some manner connected with, the student's participation in this field trip. [Adults participating in out-of-state field trips must also sign a statement waiving such claims.]
3. The supervising teacher or sponsor will discuss field trip rules and safety requirements with students and adult chaperones prior to the field trip, which may include dangerous or hazardous conditions or circumstances exposing the student to potential harm or injury, potentially including death. Students are required to obey all rules and safety requirements of the field trip, as well as codes of conduct and general standards for respect of persons and property and good behavior. I understand and agree that failure of the student to follow field trip rules or safety requirements may result in the student being sent home, at my expense, and that the student may be barred as a result from future field trips.
4. Emergency medical information regarding the student is on file with the District and is current (provide updated information before the trip, if necessary). If an injury or medical emergency occurs during the field trip, a supervising teacher, sponsor or chaperone has my express permission to administrator or to authorize the administration of urgent or emergency care, including the transportation of the student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the emergency contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

Parent/Guardian Printed Name

Signature

Date

Date Received by School:

Received by:

Supervising teacher/sponsor shall take a copy of this form on the field trip/the original form will remain on file with the main office for a period of no less than two (2) years after the date of the field trip

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
Health Services Office

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

PLEASE NOTE: this form must be completed each school year or more frequently, if necessary.

I. Basic Legal Provision - California Education Code, Section 49423

Notwithstanding the provision of Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him by a physician, may be assisted by the school nurse or other designated school personnel if the school district receives (1) a written statement from such physician detailing the name of the medication, method of administration, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the physician's statement.

Designated school personnel may administer medication to pupils upon written request of the pupil's parent/guardian and physician **only** when the medication is in the original container.

II. Physician Instructions

Student _____ Age _____ Birth date _____

School _____ Grade _____

TO PHYSICIAN: Please note: Whenever possible, please prescribe medication that can be given outside of the school day. If medication must be administered during school hours, please complete the information below:

| MEDICATION(S) | DOSAGE | ROUTE OF ADMINISTRATION | APPROXIMATE TIME OF DAY |
|---------------|--------|-------------------------|-------------------------|
| | | | |
| | | | |

Diagnosis or indication for medication _____

Length of time to be taken _____

Precautions or additional instructions _____

- a. For emergency medication, is the student capable of self-administering the necessary treatment/medication? ☐ Yes ☐ No
- b. Will the student need to carry this medication on his/her person? ☐ Yes ☐ No
- c. Will the student need to self-administer this medication? ☐ Yes ☐ No

Please note obvious side effects to this particular medication _____

Signature of Physician _____ Address _____

Print/Type Physician's Name _____ Phone _____ Date _____

III. Parent Request

Please check one of these boxes.

☐ I/We the undersigned, who am/are the parent(s) of _____ request that medicine be administered to said child by a designated member of the school staff, in accordance with the instructions outlined here and signed by our physician. The medication is to be given at _____ (time) with the following special instructions: _____

☐ As indicated here in our physician's statement, our child, _____, will self-administer his/her own medication when required and we are not requesting school personnel to assist in the administration of our child's medication. Our child will need to self-administer his/her medication at school because he/she suffers from _____ (state nature of illness). Our child will need to take his/her medication _____ (number of times per day) with the following special instructions: _____

I/We hereby release, discharge and hold harmless Sacramento City Unified School District and its officers, agents and employees for any and all claims of civil liability arising out of an act or omission that causes our child to suffer an adverse reaction as a result of his/her self-administering medication.

We understand that the major responsibility for a child taking medication rests with the child and his/her parents, and that we are required to personally bring the medication to school for students kindergarten through 8th grade. We understand that students in grades 9 through 12 may bring their own medication to the school office.

Parent/Guardian Signature Date Home Phone Work Phone

Address

Emergency contact: _____ Phone: _____

TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

| | | |
|--|---|--|
| Request to Attend: <input type="checkbox"/> Conference/Workshop <input type="checkbox"/> Business Meeting | Purpose for Attending: <input type="checkbox"/> Professional Development <input type="checkbox"/> Continued Education Credits Earned | Instructions: This form must be completed and received in Accounts Payable at least 30 days prior to the proposed trip- 60 days if out-of-state. REQ # _____ |
|--|---|--|

| | |
|-------------------------|------------|
| School/Department _____ | Date _____ |
|-------------------------|------------|

| | |
|------------------------|----------------|
| Date(s) of Event _____ | Location _____ |
|------------------------|----------------|

| |
|-------------------------------------|
| Event Title (attach brochure) _____ |
|-------------------------------------|

| |
|----------------|
| Purpose* _____ |
|----------------|

*(what value does this activity give students, attendees, staff, department/site or community?)

| |
|--|
| How does this travel align with the District's strategic plan? _____ |
|--|

| |
|--|
| How will this activity/event be used and shared? _____ |
|--|

| Name of Attendee(s) (attach sheet for additional attendees) | Position | Substitute (Y/N)* ** | No. of Days Required | Budget Code (for substitute) |
|--|----------|-------------------------|-------------------------|---------------------------------|
| | | No | | |
| | | No | | |
| | | No | | |
| | | No | | |
| | | No | | |

****IF A SUBSTITUTE IS NEEDED, SEND A COPY OF THIS FORM TO PERSONNEL, BOX 770**

☐ Additional Attendees Attached

| | | | | | | | | | |
|--|--|------------|---|------------|--|------------|--|------------|---|
| Approvals: <table style="width:100%;"> <tr> <td style="width:50%;">Principal/Department Head Signature & Print Name _____</td> <td style="width:50%;">Date _____</td> </tr> <tr> <td>Cabinet Level or Designee Signature _____</td> <td>Date _____</td> </tr> <tr> <td>Chief Business Officer Signature _____</td> <td>Date _____</td> </tr> <tr> <td>Superintendent or Designee Signature _____</td> <td>Date _____</td> </tr> </table> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Categorical <input type="checkbox"/> General Fund/Unrestricted </div> <div> Budget Code(s): _____ </div> </div> | Principal/Department Head Signature & Print Name _____ | Date _____ | Cabinet Level or Designee Signature _____ | Date _____ | Chief Business Officer Signature _____ | Date _____ | Superintendent or Designee Signature _____ | Date _____ | District cost for all attendees (estimate) Registration Fee *** _____ Meals included? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> Lodging _____ Transportation _____ Meals _____ Other _____ TOTAL _____ |
| Principal/Department Head Signature & Print Name _____ | Date _____ | | | | | | | | |
| Cabinet Level or Designee Signature _____ | Date _____ | | | | | | | | |
| Chief Business Officer Signature _____ | Date _____ | | | | | | | | |
| Superintendent or Designee Signature _____ | Date _____ | | | | | | | | |

☐ Categorical
☐ General Fund/Unrestricted

Budget Code(s): _____

***If any meals are included in the cost of registration, how many of each: Breakfast _____ Lunch _____ Dinner _____

| | |
|---|---------------------|
| Prepayment Requested: All checks will be sent to the site/department unless prior arrangements have been made (with AP) to pick up check | |
| Requisition # _____ | Dollar Amount _____ |
| Registration Fee _____ | _____ |
| Hotel _____ | _____ |
| Airfare **** _____ | _____ |
| Car Rental **** _____ | _____ |

**** If airfare or car rental is requested, send a copy of this form to Purchasing, Box 830