

TRANSPORTATION FOR SCHOOL-RELATED TRIPS

When using your vehicle to transport students on field trips or other school activity trips, please:

1. Be sure that you have registered with the District for such purposes and have a valid driver's license. The District requires a minimum acceptable liability limit for privately-owned vehicles of \$100,000.00/\$300,000.00 bodily injury, \$50,000.00 property damage and medical coverage must be provided at a minimum of \$5,000.00 per passenger.
2. Check the safety of your vehicle: tires, brakes, lights, horn, suspension, etc.
3. Carry only the number of passengers for which your vehicle was designed. If you have a truck or pickup, carry only as many as can safely sit in the passenger compartment.
4. Require each passenger to use a safety belt.

In case of emergency, keep all the children together and call the high school as listed:

Analy	(707) 824-2314
El Molino	(707) 824-6570
Laguna	(707) 824-6485

TRANSPORTATION FOR SCHOOL-RELATED TRIPS

West Sonoma County Union High School District
VOLUNTEER DRIVER REGISTRATION FORM
(FORM C)

Driver: (check appropriate box) Employee Parent/Guardian Volunteer

Name:	Date of Birth:
Address:	Driver's License #:
Telephone #:	Exp. of Diver's License:
Date of field trip and destination:	# of Passengers:

VEHICLE INFORMATION

Name of Owner:	Year:
Address:	Make:
License Plate #:	

Your willingness to use your own vehicle to transport students on a field trip is very commendable and appreciated. The District feels responsible for determining the following:
 Have you ever been convicted of reckless driving under the influence of drugs or alcohol within the past five years? Yes No

The District requires a minimum of \$100,000.00/\$300,000.00 bodily injury, \$50,000.00 for property damage and \$5,000.00 medical pay. A copy of the insurance policy must be attached to Volunteer Driver Registration Form (If you do not have the District's required insurance minimum you may seek a one-day Certificate of Insurance for the prescribed amount from your insurance carrier).

Vehicle Safety: As a driver of a car transporting students, you are responsible for providing a safe vehicle, including the following:

- ✓ Minimum tread on tires (not bald or worn)
- ✓ Seat belts for all passengers
- ✓ Working lights, turn signals, mirrors
- ✓ Appropriate spare tire, highway flares
- ✓ Normally operating engine
- ✓ Normal interior and exterior
- ✓ Normal mechanical systems, including steering and brakes

If your vehicle does not meet District safety expectations, it cannot be used for transporting students

DRIVERS STATEMENT

I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years and that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

Applicant's Signature

 Date

TRANSPORTATION FOR SCHOOL-RELATED TRIPS

West Sonoma County Union High School District

FIELD TRIP REQUEST FORM

(FORM A)

Please check appropriate box:

- Day field trip less than 100 miles – Principal approval (*submit to D.O. 10 days in advance*)
- Day field trip more than 100 miles round trip – Superintendent approval (*submit 2 weeks in advance*)
- Overnight field trip – Board approval (*submit 1 month in advance*)
- Sponsoring Group (other than school)
 - School Bus requested Commercial Bus Auto/Other

<i>School:</i>	<i>Date of Request:</i>	<i>Trip date(s):</i>
<i>Total # of Passengers:</i> <i>(Students & Chaperones)</i>	<i>School Load Time:</i>	<i>School Return Time:</i>
<i>Additional Stops:</i>	<i>Destination:</i>	<i>Purpose of Trip:</i>

SWIMMING (if yes, attach Form B) YES NO

Ruling of the Board of Trustees: Students going on a school-sponsored trip must go and return by the same mode of transportation. The Principal may grant exceptions upon the written request of a parent or guardian with prior approval. The teacher in charge of the students is responsible for the enforcement of this ruling.

Requested by _____ Teacher in Charge _____

Charge to: School Student Body SIP Athletics
 Other: (describe): _____

NOTE: Teacher is responsible to have bridge and parking fees available.

Mode of Transportation (check one): School Bus/Contract Bus Other: _____
 Private Car (Employee) Private Car (Volunteer) Driver's Name: _____

NOTE: Volunteer Driver Registration Form must be attached to Field Trip Request Form for Use of Private Vehicles

TO BE COMPLETED BY TRANSPORTATION DEPARTMENT:

Bus #:	Name of Bus Driver:	
Odometer Reading/Start:	# of hours regular assigned:	# of hours regular absent:
Odometer Reading/Ending:	# of hours regular completed:	
TOTAL MILES:		

Principal's approval _____ Date _____

Superintendent's approval _____ Date _____

TO BE COMPLETED BY BUSINESS OFFICE:

Rate per hour: (regular) \$ _____ Rate per hour (time & one-half) \$ _____

CODE: _____

Business Office Approval _____ Date _____

TRANSPORTATION FOR SCHOOL-RELATED TRIPS*West Sonoma County Union High School District***FIELD TRIP REQUEST FORM****(FORM D)**

TYPE OF SWIM FACILITY:

1. Commercial or Public Swimming Pool Facility. Please indicate below:

NAME:	TELEPHONE #:
ADDRESS:	

Every item must be checked off prior to principal signature and all supporting documents attached.

2. Parents notified and signed permission given.
3. Swimming ability of staff and students determined before trip is taken.
4. Lifeguard will be available.
5. Written instructions on supervision/safety will be distributed to staff and chaperones.
6. Provision made for students with varying swimming abilities.
7. Provision made for floatation devices as appropriate.
8. A one-on-one system for monitoring will be implemented.
9. The principal and teacher initiating swim activities has, or will have, visited site and assessed the risks prior to the trip.
10. Written emergency procedures are in place.
11. A ratio of not less than one chaperone for each ten students will be maintained.
12. For private pool, provide a certificate of insurance naming the District as an additional insured for the amount not less than \$500,000.00. Please indicate:

NAME OF OWNER:

ADDRESS OF POOL:

TELEPHONE #:

Principal's Signature

 Date

TRANSPORTATION FOR SCHOOL-RELATED TRIPS*West Sonoma County Union High School District***SCHOOL SPONSORED FIELD TRIP****(FORM F)**

Student's Name:	Parent's Name:
Telephone #:(h)	(w)

Teacher:

Date:	Departure time:	Return time:
Location of Trip:		
Educational Objective:		

Mode of transportation:

 School bus/contract bus Employee driver/private car Volunteer driver/private car Other: (walking, etc.)

Driver's Name: _____

Other person to contact in case of emergency:

Name:	Telephone #:
-------	--------------

Insurance Carrier:

 Blue Cross Kaiser Other _____

Medical I.D. # _____

Health needs: Please indicate below if your child has any special health needs or limitations, including allergies, asthma, etc:

Indicate specific instructions for above, including the need for medicines, special procedures etc:

I give my permission for my child to attend this excursion. I give my permission for my child to be transported as noted above on this form. I also give permission for school authorities to authorize medical care should the need arise.

Signature of Parent/Guardian

Date

TRANSPORTATION FOR SCHOOL-RELATED TRIPS

West Sonoma County Union High School District

SWIMMING FIELD TRIP

(FORM E)

Date: _____

Dear Parent,

A field trip is being planned that involves swimming or wading, as part of a planned activity, as follows:

_____.

Date:	Time:	Location:
Type of Facility:		
Type of swimming supervision provided:		

How well does your son or daughter swim?

- Cannot swim Average swimmer
- Weak swimmer Strong swimmer

PERMISSION TO SWIM:

- I give my permission for _____ to participate in swim activities.
(child's name)
- I do not give my permission for _____ to participate in swim activities.
(child's name)

Signature of Parent/Guardian

Date

Board approved on: _____

TRANSPORTATION FOR SCHOOL-RELATED TRIPS

West Sonoma County Union High School District

OVERNIGHT FIELD TRIP

(FORM B)

For use in submitting requests to Board of Education: ****Field Trip Request Forms A & B are also required (when appropriate)****. Forms should be received by the Superintendent for Board approval a minimum of one month prior to field trip.

School:	Date of Request:
Requesting Teacher:	Program:
Purpose of trip:	
Mode of transportation:	Accommodations:

List key scheduled events or describe program (please attach other helpful information if readily available): _____.

FIELD TRIP DATES & TIMES:

TO destination-from:

Departure:	Date:	Time:
Arrival:	Date:	Time:

FROM destination-to:

Departure:	Date:	Time:
Arrival:	Date:	Time:

Number of school days off site (include fraction of day):	
Total number of students:	
Total number of chaperones: (21 years or older)	
Student/Chaperone ratio:	

Names of chaperones _____

Estimated total cost of field trip: \$ _____

Estimated total cost of trip per student: \$ _____

Funding per student by: Student/Parent \$ _____

District/School \$ _____

OTHER \$ _____

Describe any fundraisers: _____

Recommending administrator (trip adheres to existing district policy)

Administrator's Signature

 Date

Board approved: _____