

**Perry Meridian High School  
Field Trip and Transportation Trip Request Procedure and Checklist  
Updated 5/31/19**

1. Get a Field Trip Proposal form. This can be found starting on page 2 below. Heather Dillman also has copies with her at her desk in the Team 20/23 Office.
2. Fill out Field Trip Proposal with enough time to complete below steps 3-6 at least **15 days in advance** of your trip. If the line in your Field Trip Proposal that says “Will Need Bus” is checked “Yes”, you will need to ALSO complete both sides of the Transportation Trip Request form (page 3 and 4 below, also can be found with Heather Dillman). This form can also be found at the bottom of this page or with Mrs. Dillman.
3. Submit your Field Trip Proposal form and Transportation Trip Request form (if necessary) to your department chair for approval. The department chair should sign ONLY the Field Trip Proposal in order to indicate approval. If the department chair approves, the Field Trip Proposal form and Transportation Trip Request form MUST be delivered to Jenny York in the main office to receive Mr. Boedicker’s approval. It does not matter who delivers the forms, but they must be delivered.
4. If approved by Mr. Boedecker, Jenny York will place signed forms in Mr. Ervin’s mailbox. When Mr. Ervin receives signed Field Trip Proposal and Transportation Request forms, he will e-mail teacher and CC the department chair, notifying them that the forms were received. **This acts as your confirmation that Mr. Ervin has received your Field Trip Proposal and Transportation Request forms.**
5. Send 2019-2020 Field Trip Permission forms home and collect signed forms from students. This form acts as both the parent permission and teacher permission required for the student to attend your field trip.
6. Send list of students and times absent to Mrs. Morris, Attendance Office; Mrs. Nelson, Front Office; and the Team Assistant Principal’s who have students attending the trip.
7. If any students remain at PMHS, the classroom teacher must give a list of names to Study Hall teachers so that they know which students will be added to their classes for the day.
8. It is suggested that teachers put the names of students in an email to all staff to remind about absences.
9. Before leaving for the trip (morning of, preferably), Field Trip Leader should make a copy of all permission slips and deliver them to Mrs. Dillman in the Team 20/23 office. Field Trip Leader should also take a copy of permission slips with them on the trip in a binder so that they have all emergency contact information on hand in case of emergency.

## FIELD TRIP PROPOSAL

*Please fill out 16 days before your trip and give to your department chairperson*

Name:		Date:	
Date of Trip:			
Destination:			
How does this activity relate to State Standards?			
Curricular Objective:			
Class Going on Trip:			
Number of Students:		Number of Adults:	Periods Students Will Be Out:
Will Need Bus? No _____ Yes _____ (Fill Out Transportation Request Form and Trip Tracker Information)			
Will need mini bus (15 people or fewer) No _____ Yes _____ (See Mrs. Steinmetz) You must be trained to drive through the township and schedule use through the Athletic Dept.			
Check blocks when a substitute will be needed:			
Period 1 in room _____		Period 5 in room _____	
Period 2 in room _____		Period 6 in room _____	
Period 3 in room _____		Period 7 in room _____	
Period 4 in room _____		Blu63 in room _____	

Department Chairperson Approval \_\_\_\_\_ (Dept. Chair deliver to Jenny York for approval)

Principal Approval \_\_\_\_\_ (Jenny York place in Mr. Ervin's Mailbox)

\* \* \* \* \*

1. Submit this form, along with a Transportation Request Form (bus) and the Professional Travel Leave Forms, if applicable, to Mrs. York
2. Send Field Trip Permission Forms with students to take to teachers and home to get signed. Form must be signed by all teachers of classes student will miss.
3. Send list of students and times absent to Mrs. Morris, Attendance Office; Mrs. Nelson, front office; and any Team Assistant Principal of students attending the trip

4. If any students remain at PMHS, the classroom teacher must give a list of names to Study Hall teachers so that they know which students will be added to their classes for the day.
5. It is suggested that teachers put the names of students on e-mail to remind all staff of absences.
6. Morning of trip, Field Trip Leader should make a copy of all permission slips and deliver them to Mrs. Dillman in the Team 20/23 office. Field Trip Leader should also take a copy of permission slips with them on the trip in a binder so that they have all emergency contact information on hand in case of emergency.

METROPOLITAN SCHOOL DISTRICT OF PERRY TOWNSHIP  
6548 Orinoco Avenue, Indianapolis, Indiana 46227

**TRANSPORTATION TRIP REQUEST**

School Name: Perry Meridian High School	Date Requested:
Grade Level(s):	Number of Buses Requested:
Sponsor Requesting Trip:	Number of Students:
Organization/Class:	Number of Adults:
Destination:	Pick-up/Drop-off Location:
Date of Trip: (Day) (Date)	Time of Departure from School:
Date of Return: (Day) (Date)	Time of Arrival Back at School:

Special Instructions or Directions \_\_\_\_\_

**Approved by:**

\_\_\_\_\_  
(PRINCIPAL) (Date)

\_\_\_\_\_  
(SUPERINTENDENT/DESIGNEE) (Date)

\_\_\_\_\_  
(TRANSPORTATION) (Date)

**Transportation Request Guidelines**

1. This form is to be used for all transportation requests except athletic, intramural, and extended community shuttle.
2. Submit completed form, with principal's approval, to PTEC for superintendent's signature a minimum of two (2) weeks before the field trip occurs.
3. Completed form will be duplicated by PTEC with copies sent to the Department of Transportation. Transportation will return a copy to the principal once the request meets all approvals.

4. Field trip transportation is available between 9:15 a.m. (departure from school) and 1:45 p.m. (return to school) on school days. Days that school is not in session and weekends are determined by availability.
5. 84 passenger buses (3 per seat) are used for all field trips. We usually advise 2 people per seat. At this rate the bus will hold 56 people. Please use these numbers for calculating how many buses you will be requesting.

**Total instructional time lost \_\_\_\_\_ minutes.** 08122013

### TRIP TRACKER INFORMATION

**Trip Name:**

**Trip Date:**

**Trip Type:** ACADEMIC ARTS ATHLETICS **Activity Type:** ACADEMIC ATHLETICS  
(CIRCLE ONE) (CIRCLE ONE)

**Reason for Trip:**

**Origin:**

**Departure Date:**

**Departure Time:**

**Return Date:**

**Return Time:**

**Destination:**

**Arrival Date:**

**Arrival Time:** 1:45 p.m.

**Departure Date:**

**Departure Time:**

**Number of Adults: Students: Wheelchairs: Vehicles: \_\_\_\_\_**

**Special Accommodations: \_\_\_\_\_**

**Contact Name:**

**Contact Phone Number:**

**PMHS 2019-2020 FIELD TRIP PERMISSION FORM**

**Name of Trip:**

**Permission Form-Must be submitted with payment by:**

Date:

Time:

Location:

Cost:

Explanation of Trip:

Expectations for Trip:

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**TEACHER PERMISSION:**

Students attending this trip are responsible for all makeup work and class activities that they miss. This field trip is a privilege. If students are behind on work or if you do not believe that they should miss class that day, you do NOT need to give permission for them to attend this field trip.

TEACHER SIGNATURES:

<u>Period</u>	<u>Teacher signature</u>	<u>Makeup work required</u>

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(See Reverse Side for Signature Page and Medical Release Information)

**Parent/Guardian Permission:**

I hereby give permission for my child to participate in the educational, athletic, or extracurricular field trip described on the reverse side of this form. During such an event, if it shall be necessary for my child to receive medical treatment for any illness, injury, or emergency, I authorize the school, or any of its agents, employees, or volunteers, to secure reasonable medical treatment for my child and I hereby appoint such representative of Perry Township Schools to consent for all medical and/or surgical treatment and/or medical procedures which may be required in the event of an emergency. I understand that if time permits, I will be consulted and advised of the situation, and this authorization is used only in the event of an emergency.

Name of student: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Parent/Guardian phone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

In conjunction with the event described on the reverse side of this form, I am hereby providing the school with the following information regarding my child. In case of emergency, and the parent or guardian cannot be located, please call the following individual:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

Allergies of child: \_\_\_\_\_

Physical disabilities of child: \_\_\_\_\_

Prescription or other medication required, and times to be given: \_\_\_\_\_

Other comments: \_\_\_\_\_

**PERRY TOWNSHIP SCHOOLS  
APPLICATION FOR APPROVAL OF PROFESSIONAL TRAVEL**

Name: \_\_\_\_\_ School: \_\_\_\_\_

In compliance with Article II, Section 10, of the current ratified Agreement between the Board and the Association, I hereby request professional travel and professional leave as follows:

Name of conference and sponsoring organization: \_\_\_\_\_

Purpose or scope of the meeting: \_\_\_\_\_

Date(s) of meeting: \_\_\_\_\_ Place of Meeting: \_\_\_\_\_

Furthermore, I request that the School Corporation directly pay, or reimburse, my expenses for the reasonable costs of this activity. I understand that the cost for this meeting, that cannot be invoiced to the Corporation or paid with a Corporation issued credit card, must be paid by me. I also understand that reimbursement, not to exceed the approved cost, will be paid to me after the meeting and after I have filed a properly completed claim, Form 523, to the PTEC Business Office. Receipts for all expenses, including travel and lodging, as well as any other requested documentation verifying actual cost must be presented with the claim with the exception of meals covered by the per diem.

- \* Travel beyond 75 miles (one-way) requires Board approval prior to the travel.
- \*\* You must check with your principal to ensure timeliness to meet this board approval requirement.

Please itemize below what you anticipate to be the reasonable cost of this activity.

ITEM	Estimated Costs	ACCOUNT NUMBER <small>(Account number(s) for each category must be supplied by the Principal or administrator of the fund)</small>
Registration Fee(s)	\$ _____	
Travel (Airfare, Mileage, etc...)	\$ _____	
Baggage Fees (if applicable)	\$ _____	
Lodging	\$ _____	
Meals: \$60 per diem per day. This does <i>not</i> apply if meals are provided. (receipts are not required for per diem)	Breakfast(s) @ \$15 = \$ _____	
	Lunch(s) @ \$15 = \$ _____	
	Dinner(s) @ \$30 = \$ _____	
	TOTAL = \$ _____	
Ground Transport (shuttle, cab, etc.) Specify: _____	\$ _____	
Other (parking, etc.) Specify: _____	\$ _____	
<b>Total Estimated Cost</b>	<b>\$ _____</b>	

The itemized list of anticipated costs must be submitted at the time of application for professional travel/leave. The principal/administrator will indicate at the time of approval the level of funding to be approved.

Signature of Employee (required): \_\_\_\_\_ Date of Request: \_\_\_\_\_

(The employee is to submit this application to the building principal after completion.)

**FOR PRINCIPAL / ADMINISTRATOR USE ONLY**

The principal is to route this form to the PTEC Business Office after completing this section.

Request Approved Yes _____ No _____	Substitute Teacher _____ (account number)
Maximum Amount Approved \$ _____	Signature of Principal _____
	Date: _____

**FOR PTEC BUSINESS OFFICE USE ONLY**

**APPLICATION APPROVAL**

The account(s) indicated has unencumbered appropriation at this time to \_\_\_\_\_

meet the funding approved. Yes _____ No _____	Approved: Yes _____ No _____ Date: _____
By: _____ Date: _____	Signature of Superintendent or designee: _____