

## EAST SIDE UNION HIGH SCHOOL DISTRICT

### Field Trip Procedures

Julianna Arreola – Administrative Secretary, Educational Services

Phone: 347-5061 Email: [arreolaj@esuhd.org](mailto:arreolaj@esuhd.org)

**Completed packets must be submitted to Principal Secretary for submission to the district office**

#### Board Approval Required for Trips That Are:

- Over 60 miles
- Overnight
- Out-of-state
- Out-of-country

#### 1. Student Activity Field Trip Request Form

- Front of form completed (*Purpose of Trip* and *Relevance* must have a specific description; *Destination* – Please specify city and state)
- Account numbers noted (The Board would like to know what budget, if any, will be impacted.)
- Signed by teacher
- Signed by Administrator
- Request form for trips out of the country should be submitted no later than 4 weeks prior to contemplated departure date.
- Local field trips that are **not** overnight, do not need district approval.
- At least one chaperone attending trip must be certificated East Side staff.

**NOTE:** *Per federal regulations, bag lunches must be offered to all students for trips during the school day. Contact site kitchen manager at least one week in advance.*

#### 2. Over 60 miles & Overnight Trips must be submitted to District Office:

- List of Students - List of students with ID number (This applies to ALL field trips)
- Trip itinerary – Must have departure times, and estimated activity/location times, and Hotel Information

#### 3. Field Trip Authorization and Release Form

- Completed by each student for **every** field trip and kept on file at site

#### 4. School Bus Request (New forms are available on the web)

- Original or copy of bus request (Site is responsible for calling transportation to secure bus.)

#### 5. Self-Driven Transportation Authorization

- To be completed by each student driving themselves, or riding as a passenger in a vehicle driven by an adult.

#### 6. Personal Automobile Use

- Form must be completed by each chaperone driver for **each** field trip
- Form must be signed by site principal
- Must include copy of driver's license
- Must include copy of proof of auto insurance

#### 7. Chartered Bus and Other Rented Vehicle(s)

- Copy of Invoice
- Current insurance certificate of company
- **NOTE:** *Before you contract a chartered bus company, you must first contact the District transportation department using the new bus request form. If transportation cannot accommodate you, they will check off the appropriate box. A copy of the form indicating their unavailability must accompany your field trip packet.*

#### 8. Request for Purchase Order

- For cost of chartered bus, rented vehicle(s), admissions fee, etc.

#### 9. Air Travel

- Itinerary from air lines
- Must purchase traveler's insurance (with ticket or separately)

**OVERNIGHT TRIPS AND TRIPS INVOLVING AIR TRAVEL MUST BE RECEIVED BY THE DISTRICT OFFICE  
AT LEAST FOUR WEEKS PRIOR TO REQUESTED DATE**

**EAST SIDE UNION HIGH SCHOOL DISTRICT  
STUDENT ACTIVITY FIELD TRIP REQUEST FORM**

Today's Date: \_\_\_\_\_ School: \_\_\_\_\_ Group: \_\_\_\_\_

Student Preparation: \_\_\_\_\_

Destination of Trip: \_\_\_\_\_  
(City and State)

(special instructions, funds, clothing, special equipment or training, **release form**, etc.)

Date Leaving: \_\_\_\_\_ Time: \_\_\_\_\_ Date Returning: \_\_\_\_\_ Time: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_  
(ie., college visit, educational trip, student conferences, field study)

Potential Hazards & Appropriate Contingency (if necessary): \_\_\_\_\_

Number of Students Attending: \_\_\_\_\_ Number of Supervisors: \_\_\_\_\_

How expenses (if any) will be raised: \_\_\_\_\_

Name of Supervisors: \_\_\_\_\_

Cost to Pupils: \_\_\_\_\_ How Paid: \_\_\_\_\_

Transportation Needs: \_\_\_\_\_  
(ie., chartered bus, personal private vehicle, public transportation, school bus, air travel, etc.)

Provisions for students who cannot afford to come up with funds on their own (if applicable) \_\_\_\_\_

Insurance Needs: \_\_\_\_\_

**PLEASE CALL TRANSPORTATION TO RESERVE DISTRICT BUS(ES). ATTACH BUS REQUEST IF DISTRICT IS PROVIDING TRANSPORTATION.**

Charge Account Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Number of Subs Required: \_\_\_\_\_ Period(s) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Charge Account Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Relevance of this field trip to current unit of study/program goals: \_\_\_\_\_

**LESSON OBJECTIVES OF TRIP**

**ACTIVITIES**

**MEASUREMENT OF LESSON OBJECTIVES**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

School Approvals: \_\_\_\_\_

Signature (Teacher Initiating Request)

Teacher Extension #

\*Principal/Site Administrator

District Approval: \_\_\_\_\_

Superintendent/District Designee

\* My signature assures that every student going on this field trip has completed and returned a *Field Trip Authorization & Release form*.

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**East Side Union High School District**  
 830 North Capitol Avenue  
 San Jose, CA 95133  
 (408) 347-5000  
**FIELD TRIP AUTHORIZATION & RELEASE**

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

has my permission to participate in the activity shown below:

Date: \_\_\_\_\_ Activity: \_\_\_\_\_

Meeting Place: \_\_\_\_\_

Time of Departure: \_\_\_\_\_ Time Returning: \_\_\_\_\_

Transportation Provided By:

School Transportation: \_\_\_\_Yes \_\_\_\_ No

Voluntary Drivers: \_\_\_\_Yes \_\_\_\_ No ( If yes, Personal Vehicle Use Form Needs to be Completed)

I am aware that during any trip or excursion injury or death may occur from hazards, including but not limited to, hazards of accidents or illness in places without medical facilities, hazards created by the forces of nature, and hazards of travel by air, train, bus, automobile and walking. I am voluntarily permitting Participant to participate in the above activity with the knowledge of the dangers involved and I agree to accept any and all risks of injury or death. I am aware that there are substantial and serious, known and unknown risks associated with the novel coronavirus and its variants, including the "Delta" variant ("COVID-19"). COVID-19 is a global pandemic affecting every region of the world, including North America. COVID-19 is believed to cause severe respiratory illness. COVID-19 is believed to carry a significantly heightened risk of hospitalization, quarantine, severe long-term illness or death. I expressly release and discharge the **East Side Union High School District, its officers, agents and employees** from any and all damages resulting from injury, death, illness, psychological injury, hospitalization, quarantine, or involuntary detainment as a result of COVID-19. I acknowledge that the **East Side Union High School District** shall, in the interests of preserving health or safety, exercise its discretion to cancel, reschedule, or postpone any and all field trips, whether international or domestic. I expressly release and discharge the **East Side Union High School District, its officers, agents and employees** from any and all damages that may from the cancellation, reschedule, or postponement of any field trip.

**Parent/Guardian please initial here:** \_\_\_\_\_

In consideration of Participant's participation in the activity described above, I agree that I, my heirs, spouse, guardians, legal representatives and assigns will not make a claim against, or sue **East Side Union High School District, its officers, agents or employees** for injury, death or property damages arising from Participant's participation in the activity described above.

In addition, I release and discharge the **East Side Union High School District, its officers, agents and employees** from all actions, claims, or demands that I, my heirs, guardians, legal representatives or assigns now have or may later have for injury, death or property damage resulting from Participant's participation in the activity described above.

This Agreement and Release of Liability are intended to be binding upon heirs, guardians, legal representatives and assigns.

I, \_\_\_\_\_ (**Parent/Guardian**), HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I HAVE EXPLAINED THIS DOCUMENT TO MY CHILD/WARD AND

REPRESENT THAT MY CHILD/WARD UNDERSTANDS THE CONTENTS OF THIS DOCUMENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I SIGN IT VOLUNTARILY.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**If Participant is under the age of 18:**

Name of Parent/Legal Guardian: \_\_\_\_\_

Parent/Legal Guardian's Address: \_\_\_\_\_

Parent/Legal Guardian's Home Telephone No.: \_\_\_\_\_ Work: \_\_\_\_\_

**MEDICAL AUTHORIZATION-** The undersigned representing him/herself, or on behalf of the child named above, hereby authorizes an agent of the **EAST SIDE UNION HIGH SCHOOL DISTRICT** to consent to any medical, dental, surgical, or hospital care, treatment or diagnosis for the above named child, under the care or supervision of any licensed physician, surgeon or dentist. If given on behalf of child, this authorization shall be deemed given under California Family Code Section 6910. I further agree to pay for any medical, dental, surgical, or hospital care, treatment, or diagnosis provided the above named child pursuant to this authorization, and to defend, indemnify and hold harmless East Side Union High School District from any actions, claims, or demands that I, my heirs, guardians, legal representatives or assigns, or any other person or entity may now have or may later have, including but not limited to claims for injury, death, property damage, or medical bills and expenses resulting from care, treatment, or diagnosis provided to the above named child pursuant to this authorization.

Participant's Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Group Number: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Please list any allergies or special medical conditions of Student:

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**TRAVEL OUTSIDE THE UNITED STATES:** All field trips involving travel outside the United States are required to purchase trip cancellation insurance.

**TEACHER ACKNOWLEDGEMENT OF ABSENCE:**

Per.	Class	Teacher Signature and Date
1		
2		
3		
4		
5		
6		
7		

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



EAST SIDE UNION HIGH SCHOOL DISTRICT  
**TRANSPORTATION AUTHORIZATION**  
(Vehicle driven by self and/or another adult person)

The undersigned hereby acknowledges and understands that East Side Union High School District is not providing transportation to voluntary school-sponsored activities and that it is the responsibility of the undersigned to arrange transportation for his/her son or daughter.

**As parent/legal guardian, I hereby authorize and give permission for my son/daughter \_\_\_\_\_, to provide his/her own transportation in a self-driven vehicle and/or to ride as a passenger in a vehicle driven by another adult.**

The undersigned acknowledges and understands the driver is not driving on behalf of, or as an agent of the District. Further, the undersigned understands the District has not verified the driving record of the driver or the mechanical condition of the vehicle.

It is fully understood that the District is in no way responsible, nor does the District assume liability for any injuries or losses resulting from this non-District sponsored transportation. Although the East Side Union High School District may recommend travel time, routes, or assist in coordinating the transportation to or from this event, I fully understand that such recommendations are not mandatory.

I, the undersigned, further understand that under certain circumstances, the District may occasionally provide District sponsored transportation to an event but not necessarily return transportation from the event. Should this transportation be offered, it is strictly voluntary.

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Parent/Guardian Signature

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Date



East Side Union High School District  
**PERSONAL AUTOMOBILE USE FORM**

PLEASE COMPLETE THE FOLLOWING INFORMATION.

School: \_\_\_\_\_ Date of Activity: \_\_\_\_\_

Activity: \_\_\_\_\_ Location: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_

Year & Make of Auto \_\_\_\_\_

Vehicle License Plate # \_\_\_\_\_

Insurance Carrier/Agent \_\_\_\_\_

Policy # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Liability Limits \_\_\_\_\_

Driving Restrictions \_\_\_\_\_

I certify the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage and agree to advise the District, in writing, of any changes in the above information.

\_\_\_\_\_  
*Signature*

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

**NOTE:** If you drive your personal automobile while on school business and you are involved in an accident, by law, your own insurance policy is used first. The District liability policy would be used only after your liability policy limits have been exceeded. The District does not cover, nor is it liable, for comprehensive and collision coverage to your vehicle.

<b>Transportation/Bus Request</b>
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<b>Procedure</b>
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1. All bus transportation requests must be reviewed by the transportation department.
2. School submits completed Bus Request form #3000-53 with a copy of the Student Activity Field Trip Request form to the Transportation Department. (Form #3000-53 available online.)
3. Transportation will review request for bus availability.
4. If request is approved, transportation will assign a district bus, schedule the trip and return confirmation to the school.
5. If a district bus is not available and the request is "denied" by district transportation, transportation will send request back to the school advising school to use outside vendor services from the district's approved vendor list.
  - a. The district's approved vendor list includes the following:
    1. Royal Coach Tours (408) 279-4801
    2. West Valley Charters (408) 371-1230
    3. San Jose Charters (408) 360-9883
    4. Laidlaw Transit (408) 971-3466
    5. Durham School Services (408) 377-6655
    6. School Transportation of America (STA) (408) 998-8275
6. If using an outside service, an RPO (Request for Purchase Order) must be submitted to Purchasing to confirm bus reservation.
7. A copy of the Student Activity Field Trip Request form and "denied" Bus Request form must be attached to the RPO.
8. When using outside services, teachers and/or field trip supervisors are responsible for making sure that the bus driver and the bus are certified. The driver must have the following:
  - b. California Commercial Driver License -Class: B and Endors: P
  - c. California Special Driver Certificate
    1. If there is a "restriction #6" on the certificate indicating "First Aid Test Waived", driver must also present a First Aid certificate.
    2. Certificate must indicate that it is certified for School Bus or School Pupil Activity Bus (SPAB) use
  - d. Medical Examiner's Certificate (check expiration date)
  - e. CHP inspection approval certificate. The date of the trip must not be more than 13 months from the "date certified".
9. Overnight trips, out-of-state trips and trips beyond 60 miles of district boundary must be approved by the Board and the Superintendent. Approvals must be obtained at least (4) weeks prior to trip date.



**BUS REQUEST**  
**East Side Union High School District**  
**830 North Capitol Ave.**  
**San Jose, California 95133**  
**Telephone (408) 347-5292 Fax (408) 347-5295**

**Date of Application:**\_\_\_\_\_

School:			Dept/District:		Requested by:		
Date(s) of Use:		# Pass:	# Buses:	Time Leaving School:	Pick up at	Return Time at	
Special Instructions:						FAX #:	
Destination:							
Purpose of Trip:						Quote: \$ Per bus	
<b>Method of Payment:</b> <b>(check box)</b>	<input type="checkbox"/> ESUHSD Account #:				<input type="checkbox"/> School Bank #:		
	<input type="checkbox"/> PO # and Bill to Address required:				<input type="checkbox"/> Other:		

☐ **Approved:** \_\_\_\_\_ (Principal) ☐ **Approved:** \_\_\_\_\_ (Administrator authorized to expend funds)

☐ **Approved:** \_\_\_\_\_  
(Transportation)

☐ **ESUHSD Bus not available. Contact Purchasing at (408) 347-5071 for approved vendor list.**

☐ \*Superintendent Approval: \_\_\_\_\_

☐ \*Board Approval:

**\* Required for overnight, out-of-state, and trips over sixty (60) miles.**

<b>** For Transportation Department only **</b>			
<b>Vehicle(s):</b> _____  <b>Total Miles:</b> _____  <b>Cost @:</b> _____ /Mile \$ _____  <b>Other:</b> _____	<b>No. of Passengers:</b> _____  <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"><b>Total Hours:</b></div> <div style="font-size: 3em; margin-right: 10px;">{</div> <div> <b>Regular:</b> _____  <b>Overtime:</b> _____         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <b>Cost: \$</b> _____ <b>/Hr.</b>  <b>\$</b> _____ <b>/Hr.</b> </div> <div> <b>Reg: \$</b> _____  <b>OT: \$</b> _____         </div> </div>		

**District use only:**

**Total Cost \$**

**Date Received:**

**Invoice #:**