

PUTNAM VALLEY CENTRAL SCHOOL DISTRICT

FIELD TRIP PROCEDURES AND CHECKLIST

- Only forms obtained online will be accepted as these will always be up to date. Forms can be found at: http://pvcsd.org/district/staff_resources.php. If transportation costs are an issue, you may want to obtain a transportation quote before getting the Principal's approval.
 - Complete Field Trip Permission form and have Principal authorization at least 60 calendar days prior to the trip (signature required). Trips in September/October should be approved in the previous school year. The roster of names should be submitted the first day of school.
 - Trips including overnight hotel arrangements or air travel must have Superintendent (or BOE) authorization (signature required)
 - Athletic trips
 - Nurse must be notified at least 30 calendar days prior to trip with list of students attending. Signature is required upon Nurse's medical/medication verification.
 - Transportation:** Fill out the Field Trip – Transportation Quote form and send to Mike Koenig, PVCSD Transportation, at least 30 days prior to the trip to allow for scheduling and/or obtaining quotes from outside transportation companies. Forms can be faxed to 845.526.7855, or e-mailed to mkoenig@pvcsd.org, cc: icarra@pvcsd.org (both e-mail addresses):
 - a. Transportation supplied internally by PVCSD may have no charge if scheduling allows. If your form is returned showing PVCSD for Bus Company Name, \$0 for Total Trip Cost, and signed by Mike Koenig, you may consider your transportation confirmed.
 - b. If you are looking to keep costs down and Transportation can be supplied internally by PVCSD using an additional driver for instance, you may be charged for driver time, overtime, or other miscellaneous charges. If you receive this type of internal PVCSD Transportation quote with a charge listed, you must confirm with Transportation and the Business Office where the funds will come from to cover the cost. When confirmation of funding is received this trip will be considered confirmed and the documentation will be attached to Transportation timesheets for clarification of payroll.
 - c. **Quotes returned to you from outside transportation companies are just quotes. If the quote fits into your plans you must request an official contract from the company to submit as backup for a purchase order. Please make sure the company understands nothing is confirmed until they receive a purchase order from the school district. When the PO is approved it is up to you, the trip coordinator, to forward the PO and signed contract (signed by Business Office?) to the transportation company confirming transportation for your trip.**
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- Funding:** make sure all aspects of the trip have requisitions/PO's in place and confirm where the funds are coming from (venue, admission, food, misc, transportation)
 - Principal funding? yes no
 - Other funds: Business Office yes no
 - Is money to be collected? If so, date needed by Business Office 30 calendar days prior to the trip.
 - Cancellation of Trip:** be aware of all **cancellation policies** for venue, outside transportation, etc. – should you need to cancel all policies must be followed in order to avoid charges.
PVCSD buses: **You** must contact Transportation at least 24 hours before the trip. Tel: 845.528.8900 or internal extension 1110, fax: 845.526.7855, or e-mail both mkoenig@pvcsd.org, cc: icarra@pvcsd.org.

FORM 1

PUTNAM VALLEY CENTRAL SCHOOL DISTRICT

ELEMENTARY SCHOOL
171 Oscawana Lake Road

MIDDLE SCHOOL
142 Peekskill Hollow Road

HIGH SCHOOL
146 Peekskill Hollow Road

Please submit to building administration at least 60 days prior to trip.

FIELD TRIP PERMISSION

TEACHER: _____ FIELD TRIP COORDINATOR: _____
(IF DIFFERENT)

REASON FOR TRIP _____

DATE OF TRIP: _____ / _____ / _____ GRADE: _____
Day of Week Month / Day / Year

DESTINATION: _____ CITY _____ STATE: _____

NUMBER OF PEOPLE GOING ON TRIP: _____ + _____ NURSE ATTENDING: YES NO
*Students Teachers circle one
Aides/Chaperones

* A complete list of students (attendees) is to be submitted to Nurse and Attendance 30 calendar days prior to trip and confirmed day of trip.

SPECIAL NEEDS TO CONSIDER: _____

FUNDING CONFIRMATION: (Main Office or Business Office will help with this section)

SCHOOL (PRINCIPAL) YES / NO _____ PRINCIPAL'S INITIALS
CODE TO BE USED: _____ REQ _____ PO _____

OTHER FUNDS (BUSINESS OFFICE) YES / NO _____ B.O. INITIALS
CODE TO BE USED: _____ REQ _____ PO _____

IS MONEY TO BE COLLECTED?

TRANSPORTATION IS NEEDED YES NO QUOTE ATTACHED (COMPLETE FORM 3)

ADMINISTRATIVE APPROVAL

APPROVED NOT APPROVED _____
Assistant Principal Signature Date

ROSTER RECEIVED ALL _____
Nurse Signature Date

APPROVED NOT APPROVED _____
Superintendent Signature Date
Required for Overnight Trips Only or Air Travel

Attached: Student Roster Transportation Quote

Form 2

PUTNAM VALLEY CENTRAL SCHOOL DISTRICT

PUTNAM VALLEY, NY 10579

ELEMENTARY SCHOOL
171 Oscawana Lake Road

MIDDLE SCHOOL
142 Peekskill Hollow Road

HIGH SCHOOL
146 Peekskill Hollow Road

FIELD TRIP - TRANSPORTATION QUOTE

- Complete form and forward to PVCSD Transportation, attn: Mike Koenig, fax: 845.526.7855 or e-mail both mkoenig@pvcsd.org, cc: lcarra@pvcsd.org; internal extension 1110, or 845.528.8900.
- Trips needing outside transportation company:** Mike Koenig will forward this form to outside company and their quote on bottom half will be returned to Transportation. Mike will return their "quote" to you – it will be up to you to follow through getting contract from company and purchase order in place to confirm the date.

TEACHER: _____ FIELD TRIP COORDINATOR: _____
(IF DIFFERENT)

DATE OF TRIP: _____ GRADE: _____
DAY OF WEEK MONTH / DAY / YEAR

DESTINATION: _____

FULL ADDRESS: _____
STREET ADDRESS

CITY / TOWN STATE ZIP

WHEEL CHAIR ACCESS NEEDED: YES / NO PREFERRED VEHICLE: (RANK 1/2/3): _____ COACH BUS _____ SCHOOL BUS _____ VAN

TOTAL # OF PEOPLE: _____ BREAKDOWN REQUIRED: _____ # ES STUDENTS (3 PER SEAT) _____ # MS/HS STUDENTS/ADULTS (2 PER SEAT)

CARGO/TRUNK SPACE NEEDED: YES / NO SPECIAL NEEDS: _____

DEPARTURE TIME _____ AM / PM DEPARTURE LOCATION _____

RETURN TIME _____ AM / PM RETURN LOCATION _____

TRANSPORTATION COMPANY (please return quote by date indicated below)

Please provide a price quote to PVCSD Transportation for the trip described above. Fuel, tolls and parking fees must be included in the price per bus. Driver gratuity must be stated separately by you, or us, and will be given to the Driver by you, the Transportation Company, as school district personnel are not permitted to handle cash. FAX quote to 845-526-7855 no later than _____.

This is a quote request and not to be considered "booked" until contract is requested and you receive a purchase order from PVCSD.

BUS COMPANY NAME _____ CONTACT NAME _____

PHONE # _____ FAX # _____ E-MAIL _____

_____ # SCHOOL BUSES NEEDED	_____ PRICE PER SCHOOL BUS	_____ DRIVER GRATUITY	_____ TOTAL TRIP COST
_____ # COACH BUSES NEEDED	_____ PRICE PER COACH BUS	_____ DRIVER GRATUITY	_____ TOTAL TRIP COST

DEPOSIT NEEDED? YES / NO AMOUNT OF DEPOSIT _____ DUE BY _____ CONTRACT REQUIRED? YES / NO

OTHER NOTES: _____

TRANSPORTATION COMPANY SIGNATURE _____ QUOTE DATE _____

FIELD TRIP ROSTER

This Field Trip Roster must be submitted to the Nurse 30 calendar days prior to trip for medical/medicine verification. This list must also be submitted to Attendance 3 calendar days prior to the trip for eligibility status. On the day of the trip attendance must be marked against same list.

If attaching a separate sheet of names for list of students check here . Sheet must be stapled to this form with the following filled in: Destination, Trip Date, Nurse and Attendance initials.

STUDENTS ATTENDING _____ **TRIP ON** _____
DESTINATION DATE

<u>Grade</u>	<u>Last Name,</u>	<u>First Name</u>	<u>Medical Issue</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

list of students continued on reverse, page 2

<u> </u> # of students slated to attend above trip	NURSE	ATTENDANCE
<u> </u> # of students in attendance on date of trip	_____	_____
	_____	_____

FORM 4

Field trip forms online at http://pvcsd.org/district/staff_resources.php

Field Trip Procedures and Checklist

Field Trip Permission

Field Trip Transportation Quote

Field Trip Roster (Nurse / Attendance)