




Local Field Trip Form

***Please note field trip requests must be submitted 21 days or more in advance
exceptions for athletics or district mandate only**

Group Requesting Field Trip:	Name:	
Local: Tri -County : {please select one}	_____ Broward _____ Dade _____ Palm Beach	
Length of Trip:	_____ Days(s)	
Water Related Activity:	___ Yes ___ No	If yes, click here
Destination Name:		
Destination Address:		
Destination City:		
School Departure Date:		
School Departure Time:		
Rest Stop (if more than 2 hours)	Arrival Time: _____ Departure Time: _____	
Return to School Arrival Date		
Return to School Arrival Time:		
Field Trip Educational Purpose		

FIELD TRIP ATTENDEES

Number of Male Students	
Number of Female Students	
Chaperones	
Chaperone 1: Principal Designee/Lead Chaperone	Full Name: _____
Emergency Contact (Full Name):	
Emergency Contact Phone Number :	
Chaperone 2	Full Name: _____
Title: _____	___ Male _____ Female
Volunteer Level: _____	
Effective Date: _____	
Emergency Contact (Full Name):	
Emergency Contact Phone Number :	
Chaperone 3	Full Name: _____
Title: _____	___ Male _____ Female
Volunteer Level: _____	
Effective Date: _____	
Emergency Contact (Full Name)	
Emergency Contact Phone Number	
Chaperone 4	Full Name: _____
Title: _____	___ Male _____ Female
Volunteer Level: _____	
Effective Date: _____	
Emergency Contact (Full Name)	
Emergency Contact Phone Number	
Chaperone 5	Full Name: _____
Title: _____	___ Male _____ Female
Volunteer Level: _____	
Effective Date: _____	
Emergency Contact (Full Name)	
Emergency Contact Phone Number	

TRANSPORTATION

Activity Bus	___ Yes	___ No	Arranged with Athletic Director?
	___ Yes	___ No	Driver Secured?
SBBC School Bus	___ Yes ___ No IF yes, how many? _____		
Charter Bus	<u>Name of Vendor:</u> _____		
Private School Bus	<u>Name of Vendor :</u> _____		
Parent Arranged Transportation	If yes, <u>must</u> have Parent transportation Agreement		
Student Vehicle (s) Must be provided →	___ No Roll-Over Authorization Form ___ Provide valid Driver's License ___ Provide active insurance information		
Adult Vehicle Must be provided →	___ No Roll-Over Authorization Form ___ Provide valid Driver's License ___ Provide active insurance information		
Rental Car	___ Must attach rental confirmation(s)		
Train	___ Must attach train confirmation(s)		
Walking	___ Yes ___ No		
Funding for this trip is paid for by:	_____		

CONTINGENCY PLAN

Contingency plans for cancellations or postponements ?	___ Yes	___ No
Are parents aware of contingency plan?	___ Yes	___ No
Medical information available for all student?	___ Yes	___ No
Sufficient# of SBBC employees attending?	___ Yes	___ No
Refund policy addressed to parents?	___ Yes	___ No
Addressed reason student may be removed from trip?	___ Yes	___ No
Every effort made to include students with disabilities?	___ Yes	___ No

**SAVE DOCUMENT AS your field trip category and location {ex. FT-Band- Flannagan}
Email all documents as one file to the field trip coordinator.**