

## York Catholic Middle & High School Field Trip Policy

All Field Trips must be pre-approved before presenting the possibility to the class. The accompanying Field Trip Proposal must be completed in its entirety and submitted to the Director of Faculty no less than 3 months prior to the proposed departure date. Exceptions may be considered on a case-by-case basis.

Once a field trip is approved by Administration, the Trip Coordinator is responsible for acquiring permission forms for every student participating in the field trip (template can be found on the YC website on the Forms & Documents page). As detailed on the form, parents are to be informed of the nature and purpose of the trip, the approximate departure and return times, means of transportation, cost, student rules for travel, specific instructions regarding behavior and decorum, statement that the York Catholic Middle & High School Code of Conduct ("24/7 Rule") is in effect at all times during the trip, and any other relevant information.

Due dates for parental approval and permission forms must be no less than 1 week prior to the departure date. It is the Trip Coordinator's responsibility to ensure ineligible students know they may not attend the trip.

Students who do not submit signed permission forms are not permitted to participate in the field trip.

**For overnight travel**, a permission slip is required for each student participant (template can be found on the YC website on the Forms & Documents page). A separate printed itinerary that includes all events, times, and locations, the name of the overnight accommodation, its address, and phone number must be distributed to parents prior to travel, and included with the permission form.

### **Checklist:**

- Field Trip Proposal Form (submit to Director of Faculty)
- Field Trip Permission Form (submit to Director of Faculty)
- Field Trip Itinerary Information Overview (if overnight) (submit to Director of Faculty)
- Calendar Request Form (submit to Receptionist once Field Trip is approved)

## York Catholic Middle & High School Field Trip Proposal Form

Submit this form to the Director of Faculty no less than 3 months prior to the proposed date.  
Any changes after submission must be brought to the attention of the Administration immediately.

Today's date: \_\_\_\_\_ Date of trip: \_\_\_\_\_

Teacher's name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Destination: \_\_\_\_\_

Physical address: \_\_\_\_\_

Departure time: \_\_\_\_\_ Return time: \_\_\_\_\_

Student group/course/grade level: \_\_\_\_\_

### **Field Trip Information**

# of students participating: \_\_\_\_\_

# of chaperones (MS - 1 per every 8 students; HS - 1 per every 15 students) and names:

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

Chaperone roles, responsibilities, and expectations: \_\_\_\_\_

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

How will chaperones be informed about their roles, responsibilities, and expectations? \_\_\_\_\_

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

Transportation:  van  bus  coach  student/parent  other \_\_\_\_\_

Meals per Student: \_\_\_\_\_  none  provided by school  provided by parent/on-site

Breakdown of cost: \_\_\_\_\_ Food \_\_\_\_\_ Transportation \_\_\_\_\_ Tickets \_\_\_\_\_ Fees

\_\_\_\_\_ Other (provide details) \_\_\_\_\_

Total cost: \_\_\_\_\_ Cost per student: \_\_\_\_\_ Cost to school: \_\_\_\_\_

Please attach a description of a proposed fundraiser, if applicable.

Trip Itinerary: \_\_\_\_\_

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

Instructional purpose and relationship to curriculum: \_\_\_\_\_

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

How will students be prepared in regard to knowledge, skills, and attitudes for this trip? Include a brief description of pre-planning activities. \_\_\_\_\_  
\_\_\_\_\_

On-site learning activity(s): \_\_\_\_\_  
\_\_\_\_\_

How will student learning be assessed/Follow-up activities: \_\_\_\_\_  
\_\_\_\_\_

Identify and explain any academic and non-academic benefits of this trip for students.  
\_\_\_\_\_  
\_\_\_\_\_

Describe activities for non-participating students: \_\_\_\_\_  
\_\_\_\_\_

- I have completed and submitted a blue time off request form to indicate I will be out of the building and to alert the main office of any teacher coverage needed for my classes.
- I have reviewed the YC Master Calendar to minimize potential conflicts with the date selected (sports, assemblies, etc.) and understand that upon field trip approval, I will submit a Calendar form to have the field trip date included on the YC Master Calendar.
- Parent permission form is attached.
- I will require the return of student and parent signatures as directed by YC travel procedures in advance of travel. I understand that no student may participate in travel without these signatures being returned.
- I will inform students who appear on the ineligibility list that they are not permitted to participate in the field trip.

No changes to the proposal may occur after submission. Should you desire to change anything after submission, please contact the Director of Faculty immediately.

Signature of Teacher/Coordinator: \_\_\_\_\_

<u>Administrator Approval</u>	<input type="checkbox"/> Approved	<input type="checkbox"/> Conditional (see below)
	<input type="checkbox"/> Declined	<input type="checkbox"/> Deadline/Procedural Concern (see below)
Notes/Recommendations:		
Director of Faculty	_____	Date _____
Principal	_____	Date _____
President	_____	Date _____

**PARENT PERMISSION AND WAIVER FOR FIELD TRIP PARTICIPATION**

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from York Catholic Middle & High School. A brief description of the activity follows:

Name of Event: \_\_\_\_\_

Destination: \_\_\_\_\_

Designated Supervisor of Activity: \_\_\_\_\_

Date & Time of Departure: \_\_\_\_\_

Date & Anticipated Time of Return: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and waiver of liability.

**Emergency Information:**

Name & Relation #1: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name & Relation #2: \_\_\_\_\_ Phone Number: \_\_\_\_\_

My child has special medical concerns. Yes \_\_\_ No \_\_\_ (If yes, please describe on back of this paper.)

**CONSENT AND WAIVER**

I hereby request the participation of my child, \_\_\_\_\_, in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

I hereby agree, on behalf of the named student and his/her other parent or legal guardians, to waive any claims for liability against this school, the Diocese of Harrisburg (and any diocesan or school officers, agents or employees) which may arise from the participation of the named student in the above-described event.

\_\_\_\_\_  
(Print Parent's Name)

\_\_\_\_\_  
(Parent's Signature)

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

Please return this entire form to \_\_\_\_\_ by \_\_\_\_\_  
(Name & Location) (Date)

# Calendar/Reservation/Maintenance/Promotion/Security Requests

**REQUESTS MUST BE SUBMITTED AT LEAST 4 WEEKS PRIOR TO THE EVENT.**

**\*\*Completed forms are to be turned into Office Receptionist. Once approved, the requestor will be notified by email.\*\***

Addition       Deletion       Change - original date was \_\_\_\_\_

Name of Requestor: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Requestor Phone: \_\_\_\_\_ Requestor Email: \_\_\_\_\_

Club/Organization: \_\_\_\_\_ Event Name: \_\_\_\_\_

Event Date(s) Needed: \_\_\_\_\_ Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_  
(required) (required)

**Location Requested:**  Room 100     Room 102     Media Center (after 3PM)     Main Lobby     Chapel     Gym  
 Auditorium     Auditorium Lobby     Faculty Dining Room     Kitchen     Cafeteria-front     Cafeteria-back  
 Stadium     Other \_\_\_\_\_

### Maintenance Information: (if applicable)

Set Up Date: \_\_\_\_\_ Time Set Up to be Completed: \_\_\_\_\_ Tear Down Start Time: \_\_\_\_\_

Special Instructions (use reverse to draw sketch): \_\_\_\_\_  
\_\_\_\_\_

### Fundraiser Information: (if applicable)

Profits will be used for (be specific) \_\_\_\_\_

Tickets: Price \$ \_\_\_\_\_ Includes: \_\_\_\_\_

Raffle:  Yes  No      Prize: \_\_\_\_\_ Value: \_\_\_\_\_ (license must be attached)

Alcohol:  Yes  No      (alcohol may not be sold or advertised as available)

Name of Contact for Event \_\_\_\_\_ Phone: \_\_\_\_\_

*Request must include: Operating Expenses/Costs, Anticipated Profit, Full Details of Fundraiser, List of Individuals/Companies to supply goods or services for free or reduced fee, Promotion other than listed below.*

### Promotion Requested: (if applicable) (email details to lkeith@yorkcatholic.org)

**Social Media:**  Facebook       Instagram       Twitter

**Email Blasts:**  Parents/Staff       Alumni       Friends       Futures

**PR:**  YC Website       Media/Press Release       Church Bulletins       Photo Needed

### Schaad Security Coverage Needed: (if applicable)

Yes       No      Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

### For office use only

#### Routing/Approval Process:

Calendar Request Reviewed for Conflicts and Schaad (Office Receptionist)

Final Approval (President)     Master Internal     Public Website

Calendars Updated (Comms)     Master Internal     Public Website

Promotion (Comms)

Maintenance (Ops Asst)

**Signature and Date Approved**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*After all are checked, return to Front Office for filing*