

Requests for field trips must be submitted in writing on the Transportation Request Form (form 1 attached), a minimum of ten working days prior to the scheduled date of the trip and not more than 90 days in advance of the date of the trip. Special Education field trips should first be approved by the school administrator and forwarded to the Director of Special Services for approval before submitting to the Department of Transportation for final approval. Once received in the Department of Transportation office, a driver and bus will be assigned. The driver will notify the school that he/she has the assigned trip.

When completing the Transportation Request Form (Form 1, attached), destination should include all stop locations on the trip. The understanding exists that the driver can exercise judgment as to when the bus should begin the return trip to school so that the bus is not late for route time. Only approved destination stops will be honored by the driver.

Instructional field trips are to be limited to within school hours. Regular education hours for all schools are 9:00 a.m. to 2:15 p.m.; Special Education hours are 9:15 a.m. to 1:00 p.m. Special trips are an exception to this rule when they are a part of the approved curriculum.

A regular field trip that will require a Department of Transportation driver will not be allowed on Safety Meeting dates.

The Department of Transportation reserves the right to increase or decrease gasoline charges for trips based on current oil prices.

Schools have the responsibility of assigning adults to ensure proper supervision of students during the length of the trip. This will include:

- Providing specific expectations for adult supervision of students at all times
- Establishing and enforcing all student behavioral expectations including transportation assignments, room assignments, and curfews

Signed parental permission will be required and students must adhere to these expectations.

When private transportation is to be used for school trips, proof of the owner's liability insurance must be filed in the school office. Principals are required to:

1. Secure a copy of the private vehicle owner's insurance card as well as a written statement by the owner verifying that he or she has liability insurance.
2. Secure written parental permission for any student who will be transported in a private vehicle (see form 3, attached).

Any overnight field trip which is of a discretionary nature and is not required by the Georgia High School Association must be reviewed by the Superintendent of Schools. Information on the trip must include the dates of the trip, arrival and departure times, schedule of activities correlated to the approved course objectives, list of potential chaperones with specific assigned responsibilities, mode of transportation, and projected costs of the trip per participant. **Not less than 30 days prior** to the trip, chaperones assigned to sleep in adjoining or in the same rooms as students must have an acceptable Georgia criminal background check.

Guidelines for Student Travel

The Columbia County School System will offer transportation of students to required school-sanctioned events and whenever possible, will make use of school system vehicles.

In the event a school system vehicle is not available or practical, adult drivers will be used as drivers when transporting students. The following guidelines will be followed:

1. Only with parental permission will a student be allowed to drive a private vehicle. Student drivers are prohibited from driving to events in excess of 30 miles one way.
2. Students are not allowed to transport other students to required school-sanctioned events. Students may transport siblings with parental permission.
3. All students must have written parental permission to be transported in vehicles not owned by the Columbia County School System, to include students who are driving their own vehicles.
4. When using private vehicles for travel in excess of 30 miles one way, the vehicles must travel in a caravan, departing together from the school campus with the lead car always being driven by an adult, preferably the coach/school employee.
5. Upon completion of an event that the team traveled in a caravan, students must return to the school unless riding with a parent or a parent's adult designee 21 years of age or older.
6. If using a rented vehicle, minivans are a preferred method of travel. SUV's, (Suburbans, Excursions, etc.), may be used when minivans are not available. Extended vans, capable of carrying 10 or more passengers, are not allowed to be used under any circumstances. All such arrangements must be approved by the CCSS Business Department in advance of the event, and signed for under the name of the school and the Columbia County Board of Education. Under no circumstances are students allowed to drive these rented vehicles.

The transportation of students to and from practices of extra-curricular activities is at the discretion of the parent or guardian. The school will offer transportation to required practices at remote sites.

Cross Reference: Policy/Procedure JGCD

ADOPTED: 09/10/92
REVISED: 06/08/99,07/13/99,10/26/99,11/9/99,8/7/00,10/30/01,10/14/03,
1/27/04,2/9/04, 2/16/04, 12/14/07

NEW FIELD TRIP FORM 1 (11/09/99)

TRANSPORTATION REQUEST FORM
TRF # 6404

DATE OF TRIP: _____ SCHOOL: _____

Point of Departure: _____ Destination: 1. _____

Departure time: _____ Return: _____ 2. _____

No. Students: _____ No. Adults: _____ Total: _____

Request made by: _____ Grade: _____

Approval: _____ (Name of Teacher, etc.)
(Principal) School Phone #: _____ Date: _____

Driver Assigned: _____ Phone #: _____ Bus#: _____

Transportation approved by: _____ Date: _____

JUSTIFICATION FOR TRIP: _____ Meals (Check one): Yes No

FOR DRIVER USE ONLY:

Odometer Readings:
Ending: _____ Ending Time: _____
Beginning: _____ Beginning Time: _____
Total Miles: _____ Total Time: _____
Driver Pay: _____ hrs. x \$6.00 = \$ _____

I certify that the above information is correct:

(Driver's Signature) Date: _____

METHOD OF PAYMENT (check applicable option):

OPTION I: Pre-School _____ SIA _____
Elem. Art _____ Handicap _____
Chapter I: _____ Other _____
Account #: _____

OPTION II: Instructional funds _____
School #: _____

OPTION III:
Payment by check to: Columbia County School System
Local Principal _____ Athletic: _____
School Club: _____

FOR OFFICE USE ONLY: (do not write or use date stamp below):

Service Charge (44 miles or less) = \$ _____
_____ Miles x _____ Rate = \$ _____
Cleaning fee (if applicable): = \$ _____
TOTAL: = \$ _____

R E L E A S E

This is to certify, in writing, that I, _____
(hereafter known as the PARENT), grant permission for my son or daughter,
_____, to be transported by a private vehicle not owned or
operated by the Columbia County School System (hereafter known as the SCHOOL
SYSTEM). This permission shall last for the duration of the school year. This
Release applies to any private transportation where the driver is **my son or
daughter** or any other **adult** individual who is not a SCHOOL SYSTEM employee. The
owner or driver of the private vehicle is responsible for his own personal
automobile insurance. Proof of automobile insurance coverage and a copy of the
individual's driver's license must be furnished to the school office prior to
each trip. The PARENT releases all liability against the SCHOOL SYSTEM, including
all claims, costs, damages, expenses and causes of actions, arising from any act
or occurrence and on account of all personal injury or disability occurring as
the result of any incident occurring during the transportation time. This Release
shall be on behalf of the PARENT, both individually and in a representative
capacity, and the STUDENT individually.

Under no circumstances may this Release be waived, modified, or otherwise altered
unless previously approved in writing by the SCHOOL and the PARENT. Any attempt
at an oral modification of this agreement shall be treated as void and
unenforceable.

(Parent/Legal Guardian) _____ (Date)

(Revised 10-22-07)

COLUMBIA COUNTY SCHOOL SYSTEM

DRIVER TRANSPORTING STUDENTS ON A SCHOOL-SANCTIONED EVENT
IN A PRIVATE VEHICLE

School's Name: _____

I certify that I am _____, herein after referred to as the DRIVER) and that (1) a copy of my driver's license, and (2) a copy of my automobile insurance card is being furnished to the school for the purpose of my transporting students on their field trip on _____ and that copies of both of the above are attached to this form.

The DRIVER, for himself, his legal representatives, successors and assigns specifically agrees to indemnify and hold harmless The COLUMBIA county Board of Education (herein after referred to as the SCHOOL), its Partners and employees, The SCHOOL, and their respective partners, shareholders, officers, agents, representatives, employees and contractors from any and all claims, demands, suits proceedings, actions, causes of action, liabilities, charges, damages, losses, attorneys' fees or expenses of any kind whatsoever asserted or sought by or on behalf of the DRIVER against the SCHOOL, arising out of or related in any way to any of the SCHOOL's acts, negligence, omissions, accidents or any other activities while the DRIVER is driving a motor vehicle to any activity sponsored or organized by the SCHOOL or traveling to or from such activity (hereinafter also collectively referred to and included in the "Indemnified Claims"), and DRIVER specifically agrees that DRIVER accepts any of the School's acts, negligence, omissions, accidents or negligence as the DRIVER's own.

The DRIVER further agrees to pay all losses, damages (actual and exemplary), costs, expenses, invoices and bills, including attorneys' fees, incurred by THE SCHOOL and other Indemnities, regardless of whether paid, as a result of any Claim made either by the SCHOOL or by a Third Party as the result of actions by the DRIVER or actions involving the DRIVER. Neither payment of any claim or Indemnified Claim nor any adjudication of liability on a claim is a condition precedent for the enforcement of this indemnity.

The parties hereto agree that if any term, sentence, provision or paragraph of this Agreement or the application thereof to any person or circumstance, shall to any extent be declared to be invalid or unenforceable, the remainder of this Agreement, or the application of such term, sentence, provision or paragraph to any other person or circumstance shall not be affected thereby, and each other term, sentence, provisions or paragraph of this Agreement shall be valid and enforceable to the full extent permitted by Law.

Has the DRIVER had any traffic violations charged against his or her driving record for the past three years? **CHECK ONE:** YES NO

If yes, indicate the type of violation. _____

_____	_____
To be signed by Driver of Vehicle	Date
_____	_____
Principal/Assistant Principal	Date

- ATTACHMENTS: (1) Copy of Automobile Insurance card
 (2) Copy of Individual's Driver's License

(Revised 10/14/2003)

SCHOOL-SANCTIONED EVENT FORM 4A
Procedure IFCB

REQUEST FOR FIELD TRIP
AFFECTING OTHER INSTRUCTIONAL AREAS

School Name: _____

Date(s) and Day(s) of trip: _____

Time of Departure: _____ Time of Arrival: _____

Time of Departure: _____ Time of Arrival: _____

Nature of trip: _____

Other instructional areas to be missed: _____

Rationale for trip affecting other instructional areas:

Chaperones participating: _____

Chaperones missing their classes: _____

Date received by principal: _____ Date acted upon: _____

Action taken: _____

Form due to principal three weeks before announcing trip.
Attach list of students involved.

Dear Parent / Guardians,

On _____, our _____ (students) would like to participate in a
(Date) (Grade/class/club)
fieldtrip to _____. All students who wish to attend MUST return the
(Destination)
signed and dated permission/release form below by date indicated.

NO SIGNED PERMISSION/RELEASE FORM, NO TRIP!

The school will provide transportation by _____
(Method of Travel)

(Point and time of departure) (Point and time of anticipated return)

Brief description of activity:

Rules and guidelines for the trip:

Thank you for your continued interest and support. We are always seeking to provide opportunities which enhance our classroom instructional programs.

Sincerely,

(Principal)

For Informational Purposes Only: There is a cost of \$ _____ per student for this activity. Any voluntary contribution you would like to make is greatly appreciated. Please be assured that except for lack of signed permission / release form, no student will be denied the opportunity to attend, nor will they be penalized for failure to contribute.

Please complete and return to _____ by _____
(Teacher's name) (Date)

I give my permission for _____ to be transported by _____
(Student's name) (Method of travel)

to _____ on _____. I understand that
(Destination) (Date)

My child must obey the rules that are established in terms of proper behavior for this trip as well as all provisions contained in the CCSS Code of Conduct.

Emergency Contact Information

Parent / Guardian _____ Phone (home) _____ Cell _____
(Name)

Phone (work) _____

If parents cannot be reached: (List nearby person who will assure care of your child)

Name _____ Relationship _____ Phone _____

In case of serious illness / injury, the school will telephone Emergency Medical Services (911) for immediate transportation to the closest hospital. I, the parent /guardian, authorize the transport of and treatment by the hospital emergency staff for my child, _____ (Student's name)

Parent Signature _____ Date _____

School Name _____

Group Making Request: _____

**REQUEST FOR AN OVERNIGHT
CURRICULAR OR EXTRACURRICULAR TRIP**

Date(s) and Day(s) of Trip:

Time of Departure:

Time of Departure:

Time of Departure:

Time of Arrival:

**THIS FORM MUST BE SUBMITTED ELECTRONICALLY
AND MAY BE FOUND ON THE PUBLIC DRIVE
IN THE BOARD MEETING FORMS FOLDER**

Nature of Trip:

Trip Schedule: Day 1:

Day 2:

Day 3:

Activity Correlations: Day 1:

Day 2:

Chaperone to Student Ratio (No fewer than 1-10 ratio):

Chaperones:

Position:

Supervision Responsibilities:

Background Checks:

Mode of Transportation:

Projected cost per participant:

Date received by Principal:

Date acted upon (Principal has reviewed and approved):

Action Taken: Approved

Must be submitted six weeks before information if distributed to students.

FOR GIFTED FIELD TRIP APPROVAL ONLY:

Date acted upon (Director, Gifted Program has reviewed):

Action Taken by Director, Gifted Program (Approved/Disapproved):

Date acted upon (Associate Superintendent has reviewed):

Action Taken by Associate Superintendent (Approved/Disapproved):

Overnight Field Trip

Student/Parent Agreement Form

Student Name: _____

On _____, your child will be participating in _____ that will necessitate an overnight
(Date) (Activity)
field trip to _____. Please read over the information below and sign your
(Destination)
name indicating your awareness and agreement with our rules and regulations.

Transportation for Trip

Your child will be transported by: (Sponsor should circle method of transportation listed below.)

- A. School bus
- B. Private vehicle (your student driving himself/herself)-use Form 2 of Procedure IFCB
- C. Private vehicle (your student riding with an approved adult driver)-use Form 2 of Procedure IFCB. The adult driving your child will have to turn in Form 3 of Procedure IFCB that documents current insurance coverage and a valid driver's license.
 - No student may ride with any other student in a private vehicle unless they are siblings.
 - Private vehicles must travel in a caravan leaving from and returning to the school. The sponsor or an adult driver must lead the caravan during the trip.

Overnight Accommodations

1. Your child will be assigned to a hotel room that will be supervised by a designated adult chaperone using the following rules/guidelines:

- The school reserves the right to search all student belongings before and during the trip for contraband.
- Upon entering the hotel room, each student is to examine the accommodations and immediately report any unusual circumstances to the chaperone (ex. Items left in room by previous tenant, property damage, etc.)
- Students will be expected to sleep in his/her assigned room.
- There will be a curfew or "lights out" time established by the chaperone. At this time, students are to remain in his/her room for the duration of the evening.
- Once in the hotel, students are not permitted to leave the hotel building without an adult chaperone.
- At the hotel, students may not be in the room assigned to members of the opposite sex without an adult chaperone.
- The chaperone will conduct unannounced, random checks on the respective hotel rooms during the evening/morning hours.
- The school is not responsible for any personal belongings that are lost or stolen while on the trip.
- Violations of any school or county rules will result in the parent being immediately notified by the chaperone with a decision made as to whether the student be allowed to complete this trip. Corresponding disciplinary actions will be handled by the school administration upon returning to school.

2. By signing below, I acknowledge awareness and agreement with the above stated information. Failure to have this form completely signed will jeopardize student attendance/participation on this trip.

Student Signature & Date

Parent/Guardian Signature & Date

Personal Information

Parent(s)/Guardian(s) Name: _____	Address: _____
Home Phone Number: _____	Work Phone Number: _____
Cell Phone Number: _____	Emergency Contact Person: _____
Current Student Medication & Dosage: _____	Emergency Contact Phone Number: _____
Allergies/Other health issues: _____	Local Physician: _____
Insurance Company: _____	Policy Number: _____