

## FIELD TRIP CHECK LIST

Date of Trip: \_\_\_\_\_ Date Submitted: \_\_\_\_\_ Name/Dept. \_\_\_\_\_

\_\_\_\_\_ **CPR certified** staff member \_\_\_\_\_

\_\_\_\_\_ **Field trip request** form submitted to Jen O'Reilly at least **(5) days** prior to a **DAY TRIP**  
**(30) days** prior to **OVERNIGHT** and **OUT-OF-STATE** trips.

\_\_\_\_\_ First Student **bus request** form (Fax to 524-2743 to request a quote) OR Huot bus request form

\_\_\_\_\_ **Confirmation** of quote from First Student or Huot.

\_\_\_\_\_ **Budget Request** Form (ONLY if transportation is being paid for by LHS). Attach the First Student or Huot quote to the BRF, write "see attached" in the description area. If transportation is being funded by someone else, please indicate that on the bus request form.

\_\_\_\_\_ **Approved volunteer** forms must be on file with the main office for all non-staff members attending.

\_\_\_\_\_ **Substitute** requested in **Frontline** (if needed)

\_\_\_\_\_ **IMPORTANT: Email** a list of all students to the **Nurse** prior to the day of the field trip

\_\_\_\_\_ **Email** a list of all students to **Serena Cormier** at least 1 day prior to the field trip so the students can be put in as SRF (School Related Function)

\_\_\_\_\_ **Student permission** and **medical forms** need to be filled out and signed; **Jen O'Reilly** will need a copy of all permission forms along with this completed check list before leaving for your field trip.

**Laconia School District**  
**FIELD TRIP REQUEST**  
(Not to be used for interscholastic trips)

TEACHER(S) \_\_\_\_\_ DATE OF TRIP \_\_\_\_\_

SCHOOL LHS No. of Students \_\_\_\_\_ No. Chaperones (1:10) Day Trip \_\_\_\_\_  
No. Chaperones (1:5) Overnight \_\_\_\_\_

Time: From \_\_\_\_\_ To \_\_\_\_\_ Grade(s) \_\_\_\_\_

**Name of CPR certified staff member(s)** \_\_\_\_\_

Destination \_\_\_\_\_

Costs: Admissions \_\_\_\_\_ per pupil  
Transportation \_\_\_\_\_ (bus or car\*)  
Meals \_\_\_\_\_ per pupil  
Other \_\_\_\_\_ (itemize below)

1. Educational Objectives of Trip: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What arrangements have been made to ensure that all students have the opportunity to participate?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Planned follow-up Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Names of Volunteers/Chaperones: \_\_\_\_\_  
\_\_\_\_\_

Principal

Approved

Not approved

Superintendent of Schools

Approved

Not approved

**FIRST STUDENT, INC.**  
**REQUEST FOR TRANSPORTATION**

**Phone: 524-1787**

**Fax: 524-2743**

**DATE** \_\_\_\_\_

**NAME OF PERSON REQUESTING BUS** \_\_\_\_\_

**GROUP/CLASS** \_\_\_\_\_

**EMAIL QUOTE TO:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**DATE OF TRIP:** \_\_\_\_\_

**PICK UP LOCATION (be specific):** \_\_\_\_\_

**DESTINATION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NUMBER OF ADULTS:** \_\_\_\_\_ **NUMBER OF STUDENTS:** \_\_\_\_\_

**BUS ARRIVAL TIME AT PICK UP LOCATION:** \_\_\_\_\_

**DEPARTURE TIME FROM PICK UP LOCATION:** \_\_\_\_\_

**ARRIVAL TIME AT DESTINATION:** \_\_\_\_\_

**DEPARTURE TIME FROM DESTINATION:** \_\_\_\_\_

**BUS RETURN TIME TO PICK UP POINT:** \_\_\_\_\_

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**\*FIRST STUDENT USE ONLY\***

**CONFIRMED BY:** \_\_\_\_\_

**COST:** \_\_\_\_\_



**TRANSPORTATION REQUEST FOR HUOT BUS**

Teacher Name: \_\_\_\_\_ Date: \_\_\_\_\_

Requested Dates: \_\_\_\_\_ Time: \_\_\_\_\_

Program/Student Organization: \_\_\_\_\_

I need:      Driver       Bus

For: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# of Students: \_\_\_\_\_

APPROVED: \_\_\_\_\_ Date: \_\_\_\_\_

**David Warrender, CTE Director**

HTC Calendar: \_\_\_\_\_

Driver: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

Vehicle to be used: \_\_\_\_\_

*Return completed photocopy to requesting teacher/assigned driver/regular field site use of the vehicle*

**LACONIA SCHOOL DISTRICT  
2019-2020 SCHOOL YEAR**

<b>DATE:</b>		<b>BUDGET REQUEST FORM</b>	
<b>VENDOR</b>		<b>ACCOUNT #:</b>	
<b>STREET:</b>		<b>TOTAL:</b>	
<b>CITY:</b>		<b>REQUESTED BY:</b>	
<b>STATE:</b>	<b>ZIP:</b>	<b>DEPARTMENT:</b>	
<b>PHONE #:</b>			
<b>FAX #:</b>			
		<b>SCHOOL:</b>	

	ITEM NUMBER	QTY	DESCRIPTION	UNIT PRICE	AMOUNT
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
<b>SUB-TOTAL</b>					
<b>SHIPPING</b>					
<b>TOTAL</b>					

**LINE ITEM EXPLANATIONS (If Necessary)**

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Principal Signature/Approval: \_\_\_\_\_

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

# LACONIA SCHOOL DISTRICT

## School Administrative Unit Thirty

*"Ensuring success with every student, every day, in every way"*

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**Steve Tucker, Superintendent of Schools**  
**Amy N. Hinds, Assistant Superintendent of Schools**      **Christine Blouin, Business Administrator**

Welcome Volunteers,

The Laconia School District is appreciative of the valuable contributions you make to our school community. Anyone interested in volunteering should please contact the principal of the school for which you wish to volunteer.

Anyone who volunteers for the Laconia School District must complete criminal background check that includes fingerprinting. A fingerprinting and background check will be completed once every 5 years. Volunteers will need to sign an affidavit **every year except the year they are fingerprinted**. If you plan to coach a team, chaperone a fieldtrip, work on a school-wide activity, or help in the classroom anytime during the upcoming school year, you should plan to take advantage of one the fingerprinting clinics we will be offering.

Please be aware that it may take up to four weeks for your fingerprints to be processed. Volunteers are not able to begin until the fingerprint/background check process is complete.

Please be sure to bring a photo identification with you - We cannot conduct the fingerprint/background check without proper identification.

You may also contact the SAU office to schedule a time for you to have your fingerprints done if you cannot attend one of the following walk-in clinics fingerprint clinic dates:

**(no appointments needed for these dates only)**

- o September 10<sup>th</sup>: 9-11AM
- o September 10<sup>th</sup>: 3-5PM
- o November 5<sup>th</sup>: 8AM-5PM

*The walk-in fingerprinting clinics will take place at the SAU: 39 Harvard Street, Laconia.*

***We will have a deadline this year of March 13, 2020 for the fingerprinting/background check process. If you do not go through the fingerprinting/background check process by this date, you will not be able to volunteer for school related activities.***

School Volunteer Screening Information and Authorization Affidavit

**To Be Completed Yearly**

New

Renewal

Name			
Phone Number		Date of Birth	
Legal Residence			
Mailing Address			

List your school aged child(ren) and circle the school they attend.				School				
Child's Name		Grade		ESS	LHS	LMS	PSS	WHS
Child's Name		Grade		ESS	LHS	LMS	PSS	WHS
Child's Name		Grade		ESS	LHS	LMS	PSS	WHS
Child's Name		Grade		ESS	LHS	LMS	PSS	WHS

In the event of an emergency, please list your emergency contact:			
Name		Phone Number	

**Please read the following statements carefully and sign below:**

1. I certify that since my last fingerprinting by the **Laconia School District**, I have not been convicted of any of the following offenses: homicide, child pornography, aggravated felonious sexual assault or kidnapping.
2. I certify that the facts contained in this affidavit are true and complete to the best of my knowledge and belief. I acknowledge and understand that the Building Principal, Superintendent of Schools and the Laconia School Board will be relying on the information contained in this affidavit and that the information is complete and accurate.
3. I further understand and agree that any falsified statements or any material half-truths, material misstatements or omissions on this affidavit, without full disclosure of all relevant facts, shall be grounds for not allowing me to volunteer with the School District.
4. I authorized School Administrative Unit (SAU) #30, School District and its administrators to fully investigate all statements contained herein.

List former states of residence	
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\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

**LACONIA SCHOOL DISTRICT**  
**School Administrative Unit Thirty**

*"Ensuring success with every student, every day, in every way"*

**Steve Tucker, Superintendent of Schools**  
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**Parental Authorization for Alternative Transportation**

Students participating in off-campus Laconia School District sponsored activities, including, but not limited to practices, games, meetings, competitions, conferences and Extended Learning Opportunities ("events"), are required to travel on school buses or by Laconia School District designated methods of transportation. With parental permission, students may be transported to and from events by (1) his/her parent/guardian or other designated adult or by (2)

I \_\_\_\_\_, authorize my son/daughter, \_\_\_\_\_  
(date of birth) \_\_\_\_\_ to opt out of the transportation offered by the Laconia School District to District events on the date(s) of \_\_\_\_\_

I represent that my son/daughter will either drive him/herself to the District event, or that he/she will be transported by a parent or other adult. I represent that the driver has a valid driver's license and has any insurance required by New Hampshire law.

I understand that the Laconia School District may require that my son/daughter utilize Laconia School District transportation for any reason including but not limited to: failure to attend or arrive on time to the event, and if he/she violates the Laconia School District's code of conduct during travel to/from the event, or during the event itself.

I understand and acknowledge that neither the driver nor the vehicle to be used are covered under the Laconia School District's automobile liability insurance or other Laconia School District insurance, and further acknowledge that the driver of the vehicle is not under contract or a reimbursement agreement with the Laconia School District. I understand that the Laconia School District is not responsible for selecting the driver, determining whether the driver is a safe driver, or selecting the vehicle used to transport my son/daughter, and that I am solely responsible for selecting a safe driver and safe vehicle.

I agree that the Laconia School District is not responsible for property damage or injury resulting from the use of alternative transportation, and further I agree that the student, myself, and/or the driver of the vehicle are solely responsible for property damage or injury to others. I/we agree that the student and anyone else in the vehicle assume their own risk of harm, injury, or death arising from this choice for alternative transportation. I further agree to hold the Laconia School District and its officers, employees, and other volunteers free from any liability arising from this alternative transportation, and agree to defend and indemnify them against and resulting claim(s):

\_\_\_\_\_  
Student's Name Printed      Student's Signature      Date

\_\_\_\_\_  
Parent/Guardian's Name Printed      Parent/Guardian's Signature      Date



LACONIA HIGH SCHOOL  
Student Field Trip Permission Form

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

My son/daughter: \_\_\_\_\_ has my permission to  
attend: \_\_\_\_\_ On: \_\_\_\_\_

**\*Transportation arranged by LHS\***

I understand that in case of serious injury or illness, I will be notified. I give permission for emergency treatment or surgery as recommended by the attending physician. In case of emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_ I have filled out the medical information on the back of this sheet

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

\_\_\_\_\_  
Date

**Teacher Signatures:** Each teacher signs to indicate you know of this request, have no reason to question it and indicate comments, if desired.

Teacher:

Comment(s):

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

## Medical & Emergency Care Information

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

Address \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent can be reached at the following phone number \_\_\_\_\_

Insurance and # \_\_\_\_\_ Student's Doctor \_\_\_\_\_

Check all that apply:

Allergic to: \_\_\_\_\_  Carries Epi-Pen

Asthma  Carries Inhaler

My child needs to receive the following medication while on the field trip

Name of medication: \_\_\_\_\_ Time to be given: \_\_\_\_\_

Check one:  parent will provide medication from home

teacher should obtain this medication from the school nurse

You have my permission to assist/supervise my child in taking the medications listed above. I understand that a chaperone, teacher or other responsible adult designated by the principal *may* carry my child's medication. In the event of an emergency or serious illness, I request that you contact me. You have my permission to obtain any emergency care necessary to ensure my child's wellbeing while on the field trip.

X \_\_\_\_\_  
PARENT SIGNATURE Date

\* If there are any updates regarding your child's health, please alert the nurse prior to this field trip

## **FIELD TRIP PROCEDURES**

The following guidelines for District approved field trips are to assure consistency in procedure, provide risk management for all staff members of the Laconia School District, and assure safety of students:

1. The REQUEST FOR FIELD TRIP must be completed and submitted to the appropriate building administrator and Superintendent for approval at least five (5) DAYS PRIOR TO THE EVENT
2. Overnight and out-of-state field trips must be submitted at least (30) days in advance of the event and must be approved by the School Board.
3. FIELD TRIP PERMISSION SLIPS, which outline the conditions of the trip, must be signed by the parent or guardian. Permission slips will include details of the proposed schedule, itinerary, costs, persons responsible, and a medical release.
4. Students must demonstrate proof of medical insurance prior to overnight field trips.
5. Copies of all Permission Slips must be on file in the appropriate administrative offices before students leave for the trip.
6. Copies of completed Permission Slips must be given to each chaperone.
7. Parents and guardians who agree to be a chaperone shall not bring siblings.
8. In the event that transportation is provided by the Laconia School District to and from the event students are not to drive themselves to and from field trip destination. Parents or guardians that are chaperoning the field trip may request to drive only their child.
9. Students who require prescription medication must obtain a note from the parent stating what the prescription is, when to administer, and granting permission for the school to administer. Students who are 18 years and older may provide a note themselves without parental permission if they choose to do so. All medications are to be given to the chaperone-in-charge in the original container for administration to the student.

10. Policy EID, Insurance and Other Related Requirements for Transporting Students, must be adhered to in cases where private autos are used to transport students.
11. Students on field trips are not to be allowed in bars, dance clubs, tattoo parlors or piercing studios.
12. Field trips are school related activities as such all school rules are applicable.
13. Administrator's approval and a signed parental permission slip are required for walking field trips.
14. For all International field trips there must be a minimum of 10 Laconia students participating in order for the trip to happen.
15. When scheduling International field trips teachers will do their best to minimize the days out of the classroom and connect the field trip to a school vacation.
16. The number of chaperones for field trips is as follows:

Overnight: 1 adult to 5 students (1:5)

Day trips: 1 adult to 10 students (1:10)

For all overnight field trips there needs to be a gender balance of chaperones compared to students, (e.g. if there are 7 female and 7 male students attending the overnight field trip at least one of the chaperones needs to be female and at least one of the chaperones needs to be male).

**Adopted: December 1, 1998**

**Revised: March 15, 2016**

## FIELD TRIPS

Field trips are an important supplement to the learning experiences of students when used judiciously and effectively. A field trip is defined as a visit to site(s) off school grounds that school personnel have determined to be an important part of a group of students' educational program. Field trips are to be educationally relevant, consistent with goals and objectives of the class curriculum, and offer experiences not available through direct classroom instruction.

Field trips and itineraries shall be authorized by the Principal and Superintendent and/or his or her designee.

A Warning and Consent Form should be sent to the parents/guardians of each child participating for a signature and return. Consent Forms of those attending should be filed with the Principal before the trip. No child may leave school grounds on a field trip unless the form has been signed by the parents.

Arrangements for financing all field trips must be made prior to the trip. If student contributions are involved, the necessary funds must be in the hands of the Principal or vendor before the trip will be taken.

Where emergency services are not available, arrangements for immediate and adequate emergency care of students and school personnel who sustain injury or illness during field trips must be in place (i.e. CPR certified staff and/or, in isolated instances a CPR trained chaperon must attend field trip).

The School Board must be notified of any overnight or out-of-state field trips. For out-of-state field trips the School Board must be notified at least 30 days prior to the field trip.

School Board approval must be in place at least six months prior to International field trips. School Board approval/notification of the field trip must be in place prior to holding fund raising events supporting overnight, out-of-state, or International field trips.

**Adopted: December 1, 1998**

**Revised: March 28, 2016**