



MVLA High School District Field Trip Process and Practices

Ensuring Educational Value and Student Safety

Board Presentation: December 16, 2024 by Teri Faught

Purpose of Field Trips

- Provide hands-on, real-world learning opportunities
- Enrich the curriculum through experiential learning
- Foster student engagement and collaboration
- Support social and cultural awareness

Types of Field Trips

- Curricular Trips: Directly linked to classroom content (e.g., museum visits, industry visits, College Campuses)
- Extracurricular Trips: Associated with clubs, teams, or special programs
- Overnight/Extended Trips: Includes competitions, camps, or out-of-state experiences
- International Trips: Opportunities for cultural immersion

Highlights and Success Stories



Approval Process Overview

Teacher/Staff Submission:

- Field trip proposal form completed
- Includes trip objectives, itinerary, and alignment with curriculum, and all check-list items are complete

Site-Level Approval:

- Reviewed by department coordinator and principal
- Ensures alignment with instructional goals
- Ensures all required are completed

District-Level Review (if applicable):

- Overnight, out-of-state, or international trips require district approval
- Reviewed for safety, liability, and equity

Board Approval (if applicable):

- Overnight, out-of-state, or international trips require Board approval

OVERNIGHT CURRICULAR OR CO-CURRICULAR TRIP REQUEST

Part 1: For out-of-state request for preliminary Board approval. (This request should be submitted to the Board of Trustees a minimum of six (6) months in advance of the departure date. Part 2 of this request must be submitted as before. Both parts require board approval.)

Requestor: _____ School: _____ Department/Group: _____

Destination: _____ Mode of Transportation: _____

Departure Day and Date, e.g. Monday, August 1, 2016 through Thursday, August 11, 2016)

Number of instructional days missed: _____ Estimated # of students: _____

Person or organization responsible for the organization of the trip: _____

We request that this application for preliminary approval be placed on the Board Agenda for

_____ (Board Meeting Date)

Requestor: _____ Date: _____

Department Coordinator: _____ Date: _____

Principal: _____ Date: _____

Associate Superintendent: _____ Date: _____

Received in Ed Services on _____ by _____

(The request must be received in Ed Services at least two weeks in advance of the board meeting date)

PART 2: OVERNIGHT CURRICULAR OR COCURRICULAR TRIP REQUEST

Requested by: _____ Department: _____

School: Mountain View HS Los Altos HS Alta Vista HS

Destination (out of state trips require Board approval): _____

Mode of Transportation: Air District Bus/Van Chartered Bus Car Other _____

Date and Time of Departure: _____ Date and Time of Return: _____

Number of instructional days that students will be missing: _____

What provision has been made for students to make up missed classes and assignments? _____

Number of Participants: _____ students _____ parents _____ teachers _____ others

Objectives of the Trip (educational value): _____

Total cost of trip per student (include all expenses): \$ _____

Fund raising activities and amount you expect to raise to offset cost to students (Please show by how much your fund raising will reduce the expenses per student): _____

Amount student is expected to pay from personal sources after applying fund raising share: \$ _____

NOTE: In the event of a trip delay due to unforeseen circumstances, e.g., natural disasters, the district is not liable to pay the additional room, board and transportation costs associated with a prolonged stay overseas or out of state. Parents are highly encouraged to purchase Travel Insurance to prepare for the possible, though unlikely occurrence of such an event. In the absence of such insurance, parents are fully liable for any additional expenses.

What arrangements will be made to subsidize the student? _____

NOTE: No student can be excluded from a trip because of inability to pay.

Facilities for lodging (if a hotel, name and address): _____

Names of trip supervisor(s): _____

Number of substitutes needed (Personnel must be notified if trip/substitutes are cancelled): _____

Department Coordinator's Signature Date

THIS SECTION TO BE COMPLETED BY PRINCIPAL'S OFFICE AND EDUCATIONAL SERVICES DEPARTMENT			
Received	In Progress	Completed	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approved By: _____

Principal's Signature _____ Date _____

Associate Superintendent's Signature _____ Date _____

FIELD TRIP CHECKLIST

Teacher Name: _____ Representing which Class or Group? _____
 Purpose of Trip: _____
 Proposed Date of Trip: _____ Departure Time: _____ Return Time: _____
 Number of Students: _____ Cost of Trip per student: _____

DAY TRIPS

This form must be completed a full two weeks prior to the departure of the field trip. Completed forms must be returned to the principal's administrative assistant for the principal's review prior to placement on the field trip calendar.

- Attach a copy of the Parental Permission for Field Trip form that you will distribute to students with the information box completely filled out.
 Number of Chaperones: _____

OVERNIGHT TRIPS:

Overnight trips must be filed with the principal's office at least **two weeks prior** to the commencement of the trip and approved by the principal and the Associate Superintendent of Educational Services. Out-of-state and out-of-country trips require School Board approval and must be submitted to the Board of Trustees a minimum of **six months prior** to the departure date.

- Complete the *Overnight Curricular or Co-Curricular Trip Request* form and turn it in with this application. Be sure to check the "Forms Completed" boxes.
 Number of Chaperones: _____ (**Overnight trips with students of mixed gender must have at least one chaperone of each gender.**)

TRANSPORTATION: Check the box indicating that you have completed the appropriate forms.

- Traveling by private vehicle*
- Drivers must complete the personal auto insurance verification form, "Volunteer Driver – Application for Approval"
 - Parents of students being transported must complete the appropriate permission forms
- Transportation Request* (if traveling by bus)
 Transportation costs will be covered by: _____

FIELD TRIP ROSTER:

- Field trip rosters must be submitted to the Attendance Office at least two days prior to departure with parental permission forms attached. (Checking this box indicates your assurance that this step will be completed.)
 Teacher submitting roster: _____ Date: _____

MEETING WITH STUDENTS:

- A meeting with students, chaperones, and parents is required for Overnight and Out-of-state trips only. Checking this box indicates that meeting was held, or is scheduled to be held and an administrator has, or will be present. (Please keep a sign-in sheet for your records.)
 Date of meeting: _____

FIELD TRIP AGREEMENT FOR CHAPERONES:

- Checking this box verifies that the staff member responsible for this trip has collected signed and dated chaperone agreements from every adult who is accompanying the students on this trip.

Reviewed by: _____ Date: _____
 (Principal)

PARENTAL PERMISSION for FIELD TRIP

- Day Trip only
 Overnight Trip
 Out-of-State Trip

Permission for your child to participate in a field trip is requested. The pertinent information is as follows:

School: _____

Class: _____

Teacher: _____

Destination of field trip: _____

Purpose: _____

Date and time of departure: _____

Number of students who will attend: _____

Mode of transportation: _____

Nature of lodging: _____

Cost to each student: _____ Purpose: _____

Names of supervisors: _____

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✕ -----

I give my permission for my child _____ to attend the field trip to _____ (described above). I furthermore authorize the supervisor to take responsibility for securing emergency first aid or medical aid if either is required by my child. **I have read the *Code of Conduct* printed on the back of this form, and discussed behavioral expectations and the consequences for not meeting those expectations with my student.**

✕ _____
 (Parent/Guardian's signature)

✕ _____
 (Student's signature)

NOTE: If district-owned transportation is being used, the school district's insurance policy covers bodily injury and property damage liability. All drivers of non-district owned vehicles are asked to furnish evidence of automobile insurance liability coverage.

Safety and Risk Management

- **Pre-Trip Requirements:**
 - Permission slips and emergency contact forms
 - Background check on overnight chaperones
 - Insurance verification for transportation and lodging
 - Medical authorization for students with health needs
- **During the Trip:**
 - Adequate chaperone-to-student ratios
 - Emergency response protocols in place
 - Supervised, structured activities
- **Post-Trip Follow-Up:**
 - Debriefing with students and staff
 - Feedback collected for future improvements

Communication Practices

- **Informing families through multiple channels:**
 - a. Email
 - b. Signing permission slips
 - c. Meetings for overnight field trips
- **Clear trip guidelines and expectations shared in advance**
 - a. Code of conduct
 - b. Chaperone expectation
- **Emergency contact and communication plans**

Challenges and Areas for Growth

- Balancing costs with accessibility
- Streamlining the approval process for efficiency
- Ensuring adequate supervision and training for trip leaders



Thank you.