

**LOS ANGELES UNIFIED SCHOOL DISTRICT  
REQUEST FOR APPROVAL OF SCHOOL ORGANIZED TRIP FOR STUDENTS**

(Refer to Reference Guide *Field Trips Handbook and Revised Procedures for procedures and guidelines, Revised 2006.*)

**CHECK THE APPROPRIATE BOX:**  Field Trip  School Journey  Curricular Trip  Athletic Trip  Curricular Bus Tour  Other

Name of School:	Telephone #:	Grade Level(s): Please Check. <input type="checkbox"/> PK <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Other	
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Employee Supervising Trip:	Employee #	Telephone Number:	Cell Number:
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<b>1.</b>	<b>DESTINATION:</b>	Are Admission fees charged: <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>2.</b>	IS THE SITE A PRE-APPROVED SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO (If not, contact Local District and Division of Risk Management prior to taking trip.)
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<b>3.</b>	DOES THE SITE REQUIRE PROOF OF INSURANCE FROM THE DISTRICT? <input type="checkbox"/> YES <input type="checkbox"/> NO (Please complete request for Proof of insurance form and send to Risk Management).
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<b>4.</b>	DATE(S) OF TRIP:	OVERNIGHT TRIP: <input type="checkbox"/> YES <input type="checkbox"/> NO (See number 9)
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<b>5.</b>	NUMBER OF STUDENTS:	NUMBER OF ADULTS:	(10 to 1) SUPERVISION RATIO <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>6.</b>	NAME/EMPLOYEE NUMBER OF EMPLOYEES ATTENDING TRIP: (Provide attachment if not sufficient space.) (list any volunteers separately)
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Name: Employee #:	Name: Employee #:	Name: Employee #:	Name: Employee #:
Name: Employee #:	Name: Employee #:	Name: Employee #:	Name: Employee #:

<b>7.</b>	SUBSTITUTE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY?	DAYS?	SOURCE OF FUNDS: (Include Program Code)
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<b>8.</b> TIME SCHEDULED REQUESTED BY SCHOOL:	LEAVE SCHOOL: <input type="checkbox"/> AM <input type="checkbox"/> PM	ARRIVE DESTINATION: <input type="checkbox"/> AM <input type="checkbox"/> PM	LEAVE DESTINATION: <input type="checkbox"/> AM <input type="checkbox"/> PM	RETURN TO SCHOOL: <input type="checkbox"/> AM <input type="checkbox"/> PM
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<b>9.</b>	DURATION OF TRIP:	<input type="checkbox"/> Less Than One Day	<input type="checkbox"/> One Day	<input type="checkbox"/> Overnight How many days?	Local District Approval <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>10.</b>	METHOD OF TRANSPORTATION:	<input type="checkbox"/> School Bus How Many?	<input type="checkbox"/> Walking	<input type="checkbox"/> Automobile	Public Carrier: <input type="checkbox"/> Airplane <input type="checkbox"/> Boat <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Other
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Note: If utilizing a personal automobile (see BUL 5310.0) or public carrier (see MEMO 4556.0) for additional information regarding insurance, safety guidelines and procedures, and waivers that may be applicable.

<b>11.</b>	BRIEF DESCRIPTION OF EDUCATIONAL BENEFIT TO BE DERIVED FROM THIS ACTIVITY, PLEASE STATE SPECIFICALLY: The student(s) will:
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<b>12.</b>	TYPE OF ACTIVITIES: (Describe in detail) <input type="checkbox"/> Inflatable Equipment <input type="checkbox"/> Aquatic Activity (e.g. Swimming) <input type="checkbox"/> Other
	HIGH RISK ACTIVITIES: <input type="checkbox"/> KAYAKING <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WALL CLIMBING <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> BOATING <input type="checkbox"/> YES <input type="checkbox"/> NO

NOTE: Certain activities are not permissible due to the risk and safety of the activity. Please contact your Local Educ. Svc Cntr, or the Division of Risk Management and Insurance Services for prior approval.

<b>13.</b>	SOURCE OF FUNDS FOR TRIP (community, program for Gifted/Talented, regular program, donations, fundraising, grant.) Include Program Code and Description:
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Note: It is illegal to charge or require a mandatory donation from students or parents for participation in any school district sponsored activity.

<b>14.</b>	HAVE LOCATIONS OF THE NEAREST EMERGENCY FACILITIES BEEN OBTAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>15.</b>	HAVE FORMS FOR PARENT'S OR GUARDIAN'S PERMISSION BEEN OBTAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>16.</b>	IF HIKING OR CAMPING ACTIVITY:
	a. Has a ranger, sheriff, police or other emergency personnel been notified of intent to be in the area? <input type="checkbox"/> YES <input type="checkbox"/> NO
	b. Has area been checked for potential hazards? <input type="checkbox"/> YES <input type="checkbox"/> NO
	c. Has the School Police Department been notified of the trip? <input type="checkbox"/> YES <input type="checkbox"/> NO
	d. Has approval been obtained from the Office of Outdoor Education? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Name: _____ Signature: _____ Date: _____

<b>17.</b>	IF A SCHOOL BUS IS TO BE USED FOR TRANSPORTATION, HAVE YOU CONTACTED THE TRANSPORTATION BRANCH, SCHOOL JOURNEYS UNIT AT (213) 580-2900? <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>A P P R O V A L S</b>	f PRINCIPAL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SIGNATURE:	DATE:
	f LOCAL EDUC SRVC CENTER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SIGNATURE:	DATE:
	f RISK MANAGEMENT (IF APPLICABLE)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SIGNATURE:	DATE:
	f OEH&S (IF APPLICABLE)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SIGNATURE:	DATE:
	f CENTRAL OFFICE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SIGNATURE:	DATE:
	f BOARD OF EDUCATION (IF APPLICABLE)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SIGNATURE:	DATE:

NOTE: ONLY TRIPS NOT ON THE PRE-APPROVED SITE LIST AND OVERNIGHT TRIPS MUST BE PROCESSED THROUGH THE APPROPRIATE DIVISIONS.  
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