

Please return this form to the Title I Office (Mr. Gutierrez/Ms. Guillen)

Title I Office: Received \_\_\_\_\_ -DUE 72 Hours before next meeting (Thurs.)

## Florence Nightingale Middle School School Site Council Proposal Form

Please attach any additional information/ 3 quotes  
Only *completed* forms will be submitted to the SSC for action.

<b>Submission Number:</b>	
<b>SSC Action Date:</b>	
Approved	<input type="checkbox"/>
Denied	<input type="checkbox"/>
Tabled	<input type="checkbox"/>
<b>Funding Source:</b> _____	
<b>Please see for processing:</b>	

Request Submitted by:

Date Submitted:

Conference Registration Due Date:

### TITLE OF SSC PROPOSAL

Date of the event (if it applies)

Who will benefit from this proposal?	Approximate Number of Students:
	Department(s) Served:
	Grade Level Served:
	SPSA Reference Page:
What equipment will be purchased with this proposal? Would you accept a model/style similar to your request?	How will this proposal improve student achievement?

### Cost Breakdown Totals

<b>Saturday Field Trips</b> (Due 45 days before trip)	<b>CONFERENCES</b> (due within 2 months of conference)
<b>Number of chaperones:</b>	Number of people attending:
<b>Number of students:</b>	Lodging Fees:
<b>Number of BUSES needed:</b> x \$370 each x 2	Registration Fees:
<b>Number of Teacher Release Days:</b> x \$354.09	Airfare or Mileage:
<i>Substitutes cannot be used for curricular trips</i>	Meals, Cab Fare, Misc.
<i>Flat rate for bus (9am-pick up and 2pm drop-off) - \$370</i>	Additional Fees:
Overtime fees are: \$50/hour (before 9am/after 2pm)	Instructional Materials:
Weekend trips are \$50/hour + \$1.65 mile + fees	
<b>Non-PD or Workshops</b>	<b>All Prof. Dev. / Conf. Attendance</b>
X-time Direct Hourly Rate: \$73.97/hour	Teacher Release Day for Non-PD Rate: \$354.09/day
Staff Training Rate: \$29/hour	PD Teacher, Regular Rate: \$443.70/day
Number of Days:                  Hours:	Number of Days:                  Hours:
Equipment / Materials (cost of item):	
Brief Description:	
<b>TOTAL COST ASSOCIATED WITH THIS PROPOSAL (FEES, BUSES, SUB DAYS, etc.):</b> \$	

## Nightingale Middle School REVISED Field Trip Planning Check List

In order to help you plan for a smooth field trip, the following check list has been prepared.

Please complete all steps on this check list within the time frames specified. **Turn in the check list with all appropriate signatures at least 1 day prior to your trip. Failure to obtain all necessary approvals may require postponement or cancellation of the field trip.** Teachers and all other approved supervisory personnel are expected to supervise students at all times, including on the bus.

If you have any questions, please see Mr. Gutierrez or Ms. Guillen in the Title I Office.

Destination:

Date:

Sponsor (Teacher Organizing Trip):

1. If applicable, present School Site Council Proposal Form to the SSC at least 2 months prior to your trip request for transportation. \*Substitute coverage: please see below. **Signature:** \_\_\_\_\_ (SSC Chairperson)
  2. Request for Approval, Verification of Funding, and Application for Auxiliary Transportation forms completed and turned into Mr. Gutierrez or Ms. Guillen **20 working days in advance (30 working days if there are admission charges, if the trip is not on the approved field trip list, or if the trip involves an overnight stay).** **Signature:** \_\_\_\_\_ (Title I Office)
  3. Master Calendar Request has been submitted to Mr. Gaeta **30 WORKING DAYS in advance.** **Signature:** \_\_\_\_\_ (Dr. Gaeta)
  4. Cafeteria Notification of field trip form submitted to Cafeteria Manager **20 WORKING DAYS in advance.** **Signature:** \_\_\_\_\_ (Ms. Angelica Navarro)
  5. Parent Permission Forms have been distributed to students, completed, and collected **5 WORKING DAYS in advance.** **Signature:** \_\_\_\_\_ (Attendance Office)
  6. Teacher Approval Forms have been distributed to students, signed, and collected **3 WORKING DAYS in advance. Forms must be submitted to the Title I Office along with the list of students attend the trip.** **Signature:** \_\_\_\_\_ (Title I Office)
  7. List of names with lunch preferences or Notification of Cancellation of Field Trip (NCFT) form turned into the Cafeteria Manager **5 WORKING DAYS in advance** (A copy of the NCFT form must also be submitted to Mr. Gutierrez or Ms. Guillen). **Signature:** \_\_\_\_\_ (Title I Office)
  8. **One day prior to departure, submit a roster of the students attending the field trip to the attendance office. Include student's names and birthdates.** This can be a class roster from the MISIS reports screen. Make a copy to use on the day of the trip. **Signature:** \_\_\_\_\_ (Attendance Office)
  9. Alphabetize the Parent Permission Field Trip Forms. **Prior to departure, submit top portion of the Parent/Guardian Permission for a Field Trip Form to the Attendance Office.** **Signature:** \_\_\_\_\_ (Att. Office)
  10. **On the day of the trip,** check off the names of the students that board the bus, and ensure the bottom portion of the parent permission form for each child stays in the possession of the sponsoring teacher throughout the trip. **Signature:** \_\_\_\_\_ (Attendance Office)
  11. Turn in a **copy** of the list of students attending the trip to the Attendance Office before you depart on the day of the trip. Note: for any students not participating in the trip, indicate on the roster where the student(s) will be for your class period or the day. Keep a copy of the list for use on the trip. **Signature:** \_\_\_\_\_ (Attendance Office)
  12. Additional forms may be required for special circumstances. Those examples include: Overnight trips, personal transportation, and reimbursable trips.
- District Memo – Substitutes **may not** be purchased for the purpose of releasing teachers for curricular trips” Exception: Gifted Funds, General Funds, and Donations. **Categorical funds including QEIA cannot be used.**

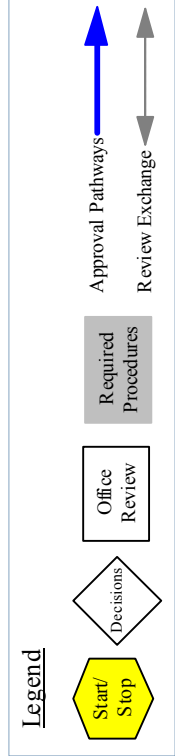
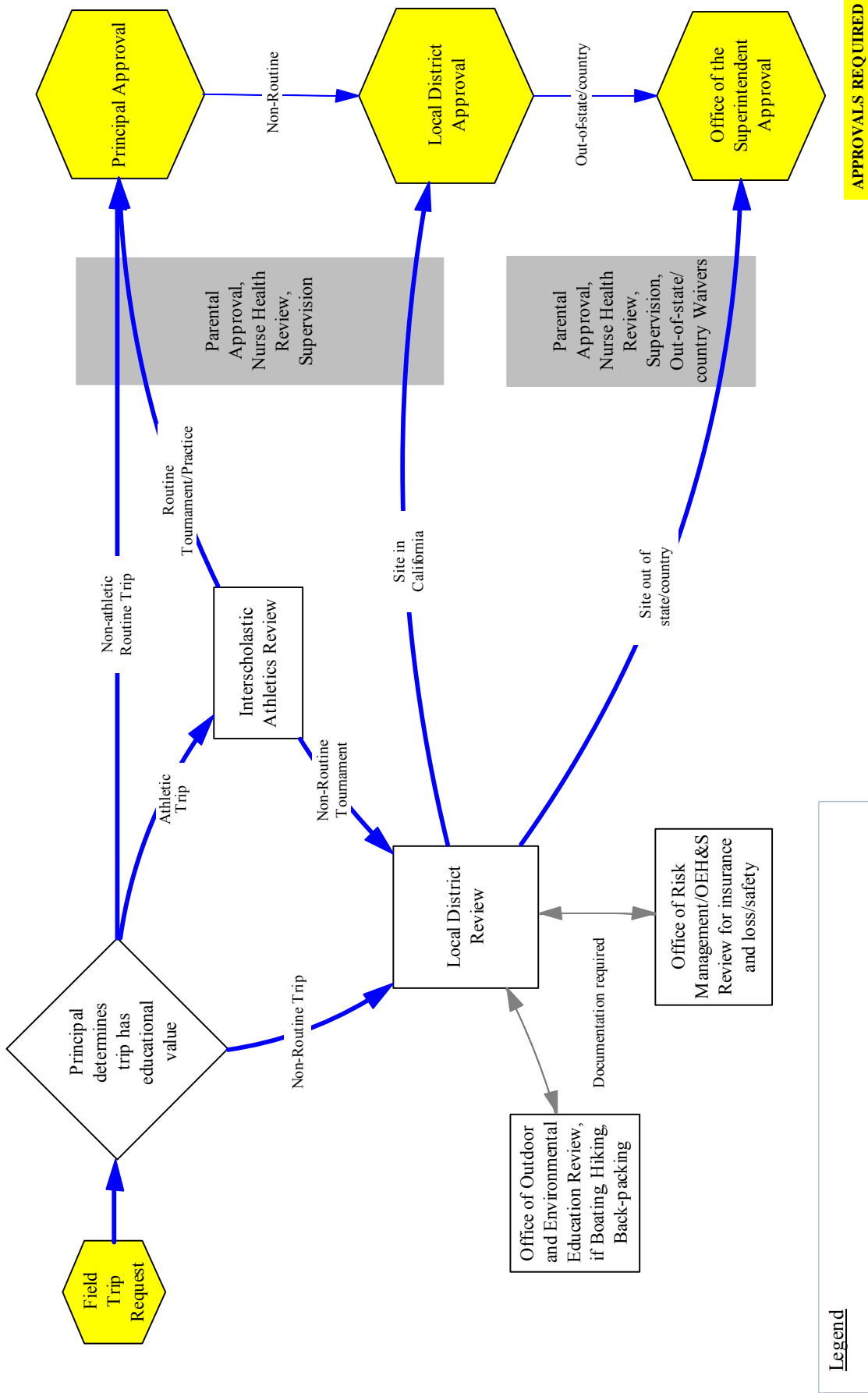
**LOS ANGELES UNIFIED SCHOOL DISTRICT  
REQUEST FOR APPROVAL OF SCHOOL ORGANIZED TRIP FOR STUDENTS**

(Refer to Reference Guide *Field Trips Handbook and Revised Procedures* for procedures and guidelines, Revised 2015.)

<b>INDICATE THE TYPE OF REQUESTED TRIP:</b> School Journey      Curricular Trip      Extracurricular Trip      Athletic Trip      Other																																																																																																										
Name of School:			Telephone #:		Grade Level(s): Please Check.																																																																																																					
					PK	TK/K	1	2	3	4	5	6	7	8	9	10	11	12	Other																																																																																							
Employee Supervising Trip:					Employee #		Telephone Number:			Cell Number:																																																																																																
<b>1.</b>	<b>DESTINATION:</b>										Are Admission fees charged? <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																															
<b>2.</b>	<b>IS THE SITE A PRE-APPROVED SITE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (If not, Risk Management must review site for insurance and loss prior to Local District approval.)																																																																																																									
<b>3.</b>	<b>DOES THE SITE REQUIRE PROOF OF INSURANCE FROM THE DISTRICT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (Please complete request for Proof of Insurance form and send to Risk Management.)																																																																																																									
<b>4.</b>	<b>DATE(S) OF TRIP:</b>					<b>OVERNIGHT TRIP:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (See number 9)																																																																																																				
<b>5.</b>	<b>NUMBER OF STUDENTS:</b>				<b>NUMBER OF ADULTS:</b>				<b>(10 TO 1) SUPERVISION RATIO</b> <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																	
<b>6.</b>	<b>NAMES/EMPLOYEE NUMBERS OF EMPLOYEES ATTENDING TRIP:</b> (Identify Special Education Teachers/Aides, Health Care Assistants, other personnel)																																																																																																									
Name:					Name:					Name:					Name:																																																																																											
Employee #:					Employee #:					Employee #:					Employee #:																																																																																											
Name:					Name:					Name:					<b>ATTACH ADDITIONAL NAMES</b>																																																																																											
Employee #:					Employee #:					Employee #:																																																																																																
<b>7.</b>	<b>SUBSTITUTE REQUIRED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO					<b>HOW MANY?</b>					<b>DAYS?</b>			<b>SOURCE OF FUNDS:</b> (Include Program Code)																																																																																												
<b>8.</b>	<b>TIME SCHEDULED REQUESTED BY SCHOOL:</b>		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																																																																																														
<b>9.</b>	<b>DURATION OF TRIP:</b>		<input type="checkbox"/> Less Than One Day			<input type="checkbox"/> One Day			<input type="checkbox"/> Overnight How many days?			Local District Approval Required? <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																														
<b>10.</b>	<b>METHOD OF TRANSPORTATION:</b>		<input type="checkbox"/> School Bus How Many?		<input type="checkbox"/> Lift 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																																																																																														
*Note: Additional information regarding insurance, safety guidelines and waivers procedures may be required. If utilizing a personal automobile, see BUL-5310.0.																																																																																																										
<b>11.</b>	<b>BRIEF DESCRIPTION OF EDUCATIONAL BENEFIT TO BE DERIVED FROM THIS ACTIVITY. PLEASE STATE SPECIFICALLY:</b> The student(s) will:																																																																																																									
<b>12.</b>	<b>TYPE OF ACTIVITIES: (Describe in detail)</b> <input type="checkbox"/> Inflatable Equipment <input type="checkbox"/> Aquatic Activity (e.g. Swimming) <input type="checkbox"/> Other <b>HIGH RISK ACTIVITIES:</b> <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 District Office for approval following a review for																																																																																																									
<b>13.</b>	<b>SOURCE OF FUNDS FOR TRIP</b> (community, program for Gifted/Talented, regular program, donations, fund raising, grant) [Include Program Code and Description: 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>	<b>HAVE LOCATIONS OF THE NEAREST EMERGENCY FACILITIES BEEN OBTAINED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																									
<b>15.</b>	<b>HAVE FORMS FOR PARENT'S OR GUARDIAN'S PERMISSION BEEN OBTAINED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																									
<b>16.</b>	<b>HAVE DOCUMENTS REQUIRED FOR APPROVAL BEEN OBTAINED FOR SITE NOT ON THE PRE-APPROVED LIST?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA																																																																																																									
<b>17.</b>	<b>HAS THE SCHOOL NURSE REVIEWED THE TRIP TO DETERMINE ANY HEALTH NEEDS STUDENTS MAY REQUIRE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																									
<b>18.</b>	<b>IF HIKING OR CAMPING ACTIVITY:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="15">a. Has a ranger, sheriff, police or other emergency personnel been notified of intent to be in the area?</td> <td align="center"><input type="checkbox"/> YES</td> <td align="center"><input type="checkbox"/> NO</td> </tr> <tr> <td colspan="15">b. Has area been checked for potential hazards?</td> <td align="center"><input type="checkbox"/> YES</td> <td align="center"><input type="checkbox"/> NO</td> </tr> <tr> <td colspan="15">c. Has the School Police Department been notified of the trip?</td> <td align="center"><input type="checkbox"/> YES</td> <td align="center"><input type="checkbox"/> NO</td> </tr> <tr> <td colspan="15">d. Has approval been obtained from the Office of Outdoor and Environmental Education (OOEE)?</td> <td align="center"><input type="checkbox"/> YES</td> <td align="center"><input type="checkbox"/> NO</td> </tr> <tr> <td colspan="10">OOEE Administrator Name:</td> <td colspan="5">OOEE Signature:</td> <td colspan="4">Date:</td> </tr> </table>																			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 and Environmental Education (OOEE)?															<input type="checkbox"/> YES	<input type="checkbox"/> NO	OOEE Administrator Name:										OOEE Signature:					Date:			
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OOEE Administrator Name:										OOEE Signature:					Date:																																																																																											
<b>19.</b>	<b>IF A SCHOOL BUS IS TO BE USED FOR TRANSPORTATION, HAVE YOU CONTACTED THE TRANSPORTATION SERVICES DIVISION, THROUGH THE ONLINE FIELD TRIP SYSTEM, OR THE SCHOOL JOURNEYS UNIT AT (213) 580-2950?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																									
<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 DISTRICT OFFICE (If Applicable)		<input type="checkbox"/> YES	<input type="checkbox"/> NO	SIGNATURE:										DATE:																																																																																											
	f RISK MANAGMENT (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 OFFICE OF THE SUPERINTENDENT (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.

## Field Trip Review and Approval Process Summary



# Verification of Funding

Today's Date:

Mobile Phone Number of Supervising Teacher:

(      )      -

The following procedures and necessary approvals are required to proceed with the proposed field trip. Please allow 20 working days for processing.

Supervising Teacher: \_\_\_\_\_

Names of teachers, staff members, and all others accompanying students on the field trip:

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

**\*\*\*Teachers must have a funding source prior to attending trip. Categorical funds may not be used to release teachers for curricular trips.**

DATE(S) OF TRIP:

DEPARTURE TIME:      A.M. / P.M.

RETURN TIME:      A.M. / P.M.

DESTINATION:

-----

1. Number of buses to be charged:      Funding Source:      Approx. #

2. Periods a substitute is required:    1<sup>st</sup> ☐    2<sup>nd</sup> ☐    3<sup>rd</sup> ☐    4<sup>th</sup> ☐    5<sup>th</sup> ☐    6<sup>th</sup> ☐    7<sup>th</sup> ☐

Funding Source for Substitute(s):

3. For admission charges or overnight stay, please allow an additional 10 working days for district approval: Overnight    YES ☐    NO ☐

4. Admission charges:    YES ☐    NO ☐      Funding Source for Admissions:

**Signature of Teacher/Sponsor:**\_\_\_\_\_

School Site Council Proposal Number:

**ADMINISTRATOR APPROVAL:**\_\_\_\_\_

Funding Source (check one):

☐ Reimbursable☐ Student Body

☐ Program

FUNDAREAPROG CODE

SCHOOLFlorence Nightingale Middle School

(323)224-4800

REQUESTING SCHOOL’S NAME

SCHOOL PHONE NUMBER & EXT.

LOCATION CODE

(323) 222-4506

East

Trad.

M.S.

SCHOOL FAX NUMBER

ESC

CALENDAR TRACK

SCHOOL TYPE

6

7

8

CHECK GRADES

☐ MR.☐ MS.

RESPONSIBLE ADMINISTRATOR

☐ MR.☐ MS.

CONTACT PERSON

☐ MR.☐ MS.

CONTACT PERSON E-MAIL ADDRESS

DATE(S)

DATE OF TRIP (OR OF 1<sup>ST</sup> TRIP) (mm/dd/yy)

DATE OF LAST TRIP (IF A MULTI-DATE TRIP) (mm/dd/yy)

☐ ☐ ☐ ☐ ☐ ☐ ☐

M T W TH F SA SU

CHECK DAY(S) OF TRIP(S)

TIMES

☐ AM☐ PM

☐ AM☐ PM

☐ AM☐ PM

☐ AM☐ PM

REQUESTED PICK UP TIME

REQUESTED ARRIVAL TIME

REQUESTED DEPARTURE TIME

REQUESTED RETURN TIME

(hh:mm)

(hh:mm)

(hh:mm)

(hh:mm)

☐ YES☐ NO

SEATBELT / LAP RESTRAINTS

STORAGE COMPARTMENTS

CHECK IF REQUIRED

# OF PUPILS

# OF ADULTS

# OF WHEELCHAIRS

# OF BUSES REQUIRED

IS THIS A ONE-WAY TRIP?

IMPORTANT:

ALL TRIPS MUST BE BETWEEN THE HOURS OF 9:00 AM – 2:00 PM UNLESS APPROVED IN ADVANCE BY THE TRANSPORTATION SERVICES DIVISION SENIOR BUS DISPATCHER. ANY QUESTIONS, CONTACT 213-580-2900.

CANNOT EXCEED 65 PASSENGERS PER BUS.

ADDITIONAL PASSENGERS MAY REQUIRE THE SCHEDULING OF AN ADDITIONAL BUS.

FOR SCHOOL JOURNEY TRIPS ONLY

1 LIST 3 CHOICES IN COMMENT SECTION (FROM FIELD TRIP HANDBOOK, APPENDIX D, PART A).

2 HAS APPOINTMENT BEEN MADE BY SCHOOL WITH THE SITE?

☐ YES☐ NO

TIME OF APPT.

3 DATES PREFERRED

(mm/dd/yy)

(mm/dd/yy)

(mm/dd/yy)

(mm/dd/yy)

(mm/dd/yy)

(mm/dd/yy)

4 DATES TO AVOID

(mm/dd/yy)

(mm/dd/yy)

(mm/dd/yy)

(mm/dd/yy)

(mm/dd/yy)

(mm/dd/yy)

COMMENTS/CHOICES

DEPART FROM/FIRST PICK UP

SCHOOL / LOCATION NAME

ADDRESS, CITY, ZIP

DESTINATION NAME

LOCATION CODE (IF APPLICABLE)

PLACE NAME

PHONE NO. & EXT.

ADDRESS, CITY, ZIP

SIGNATURE

PRINCIPAL/ADMINISTRATOR

E-MAIL ADDRESS

NOTE:

Refer to *Field Trip Handbook* for detailed instructions on arranging trips. Submit this completed form **15** working days before the requested trip date to enable buses to be allocated in a timely and cost-efficient manner and trip confirmations to be received by schools prior to the day of the trip.

FOR TRANSPORTATION DISPATCH USE ONLY:			School Journey Tracking #	
ENTRY DATE			ROUTE #(S)	
ENTERED BY			D#	
REVIEWED BY			A#	

Submit to Transportation Services Division. Retain a Signed Copy at School.



# LOS ANGELES UNIFIED SCHOOL DISTRICT

## REFERENCE GUIDE

### ATTACHMENT H

#### PARENT'S OR GUARDIAN'S PERMISSION FOR A FIELD TRIP AND AUTHORIZATION FOR MEDICAL CARE – TRIP SLIP

To the Principal of School: Florence Nightingale Middle School

\_\_\_\_\_ has my permission to participate in the  
(Student Name: please print)

field trip location: \_\_\_\_\_ on \_\_\_\_\_

Departure time: \_\_\_\_\_ A.M. / P.M. Return time: \_\_\_\_\_ A.M. / P.M.  
Date(s)

Supervising Teacher (please print): \_\_\_\_\_

#### LUNCH

- \_\_\_\_ Student will be at school during lunch.  
\_\_\_\_ Student will be off-site during lunch

#### PARENT MUST CHECK OPTION BELOW:

- \_\_\_\_ My child is requesting a lunch from the Cafeteria,  
I will send appropriate payment based on my child's meal  
eligibility (free, reduced, full price)  
\_\_\_\_ My child will bring a sack lunch without liquid.

#### METHOD OF TRANSPORTATION

- \_\_\_\_ Student will ride on School Bus  
\_\_\_\_ Student will ride in Private Vehicle.  
\_\_\_\_ Student is **Walking**.  
\_\_\_\_ Other \_\_\_\_\_

Will you chaperone the Field Trip?: YES ☐ NO ☐

\_\_\_\_\_  
Parent or Guardian Authorization Signature Date: \_\_\_\_\_

#### (INFORMATION TO BE COMPLETED BY PARENT AND TO BE REMOVED BY SUPERVISING TEACHER)

##### **AUTHORIZATION FOR MEDICAL CARE**

I permit the School District to transport/ house/care for my child as necessary if an (non-medical) emergency occurs during the field trip. Should it be necessary for my child to have medical care while participating in this trip, I hereby give the School District personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the health care provider selected by the School District personnel to render medical care deemed necessary and appropriate by the provider. I understand that the District is responsible for the conduct or safety of a student only while the student remains under the constant, direct and immediate supervision of the field trip supervisor(s). I also understand that for field trips where constant, direct and immediate supervision isn't possible, the District requires students to be insured under separate, "Short Term 24-Hour" coverage.

Student Name: \_\_\_\_\_

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

Home Telephone Number: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Emergency Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature of Parent or Guardian Date: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian's Name (please print)

☐ PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT FOR THE STUDENT ARE ON FILE IN THE SCHOOL.

**PARENTS, PLEASE NOTE:** Section 35330 of the California Education Code states in part: "All persons making the field trip shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion". Accident insurance can be purchased for a minimum daily rate by contacting the school.

To be completed only upon emergency release of student to authorized parent or guardian during the trip. Student released to:

Parent or Guardian name (please print) \_\_\_\_\_ Signature \_\_\_\_\_



# LOS ANGELES UNIFIED SCHOOL DISTRICT

## REFERENCE GUIDE

### ATTACHMENT I - Parent Permission Slip and Medical Authorization- Spanish

PERMISO POR PARTE DEL PADRE, LA MADRE, EL TUTOR O LA TUTORA PARA UNA EXCURSIÓN ESCOLAR  
Y AUTORIZACIÓN PARA LA ATENCIÓN MÉDICA - CONSTANCIA DE AUTORIZACIÓN DE VIAJE

Al director o directora de la escuela Secundaria Florence Nightingale.

\_\_\_\_\_ tiene mi permiso para participar en...

(Nombre y apellido del alumno: con letra de molde por favor)

Lugar de la excursión escolar: \_\_\_\_\_ el \_\_\_\_\_

Hora de salida: \_\_\_\_\_ A.M./P.M. Hora de regreso: \_\_\_\_\_ A.M./P.M.

Maestro(a) supervisor(a) (por favor, con letra de molde):

ALMUERZO

\_\_\_ El alumno, o la alumna, estará en la escuela durante el almuerzo.

\_\_\_ El alumno, o la alumna, estará fuera del plantel durante el almuerzo.

MÉTODO DE TRANSPORTE

\_\_\_ El alumno, o la alumna irá  
en el autobús escolar.

\_\_\_ El alumno, o la alumna irá en  
vehículo privado.

\_\_\_ El alumno, o la alumna, camina.

\_\_\_ Otro medio de transporte

#### **EL PADRE O LA MADRE DEBE MARCAR**

#### **UNA DE LAS SIGUIENTES OPCIIONES:**

\_\_\_ Mi hijo(a) solicita un almuerzo de la cafetería.

Enviaré el pago apropiado con base al derecho de comida de mi hijo(a)  
(gratuito, precio reducido, precio total).

\_\_\_ Mi hijo **traerá un almuerzo en bolsa sin líquido**

¿Acompañará la excursión?

☐ SI ☐ NO

Firma de autorización del padre, la madre, el tutor o la tutora

Fecha

(LA INFORMACIÓN SERÁ LLENADA POR EL PADRE O LA MADRE, Y EL MAESTRO O MAESTRA QUE SUPERVISE LA RECOGERÁ)

#### **AUTORIZACIÓN PARA ATENCIÓN MÉDICA**

Doy permiso al Distrito Escolar para transportar /alojar/ cuidar de mi hijo si fuera necesario en caso de una emergencia (no médica) durante la excursión. Si fuera necesario que mi hijo reciba atención médica durante su participación en este viaje, doy permiso al personal del Distrito Escolar para que determine por juicio propio la obtención de atención médica para el niño, y autorizo al médico seleccionado por el personal del Distrito Escolar para que le rinda atención médica si el proveedor lo considerara necesario y apropiado. Entiendo que el Distrito es responsable por la conducta o seguridad de un estudiante sólo mientras el estudiante permanezca bajo la supervisión constante, directa e inmediata del supervisor de la excursión. También, entiendo que en las excursiones donde no fuera posible una supervisión constante, directa e inmediata, el Distrito requiere que los estudiantes estén asegurados bajo una cobertura separada de "Corto Plazo por 24 horas".

Nombre y apellido del alumno: \_\_\_\_\_

Domicilio del hogar: \_\_\_\_\_

Número de teléfono en casa: \_\_\_\_\_

Número de teléfono en el trabajo: \_\_\_\_\_

Número de teléfono para emergencia: \_\_\_\_\_

Firma de autorización del padre, la madre, el tutor o la tutora

Nombre y apellido del padre, la madre, el tutor o la tutora  
(por favor con letra de imprenta)

Fecha: \_\_\_\_\_

☐ POR FAVOR MARQUE CON UN X AQUÍ SI LAS INSTRUCCIONES PARA LA ATENCIÓN MÉDICA ESPECIAL DEL ALUMNO O ALUMNA ESTÁN EN EL EXPEDIENTE DE LA ESCUELA.

**PADRES DE FAMILIA, POR FAVOR NOTEN:** El artículo 35330 del Código de Educación de California declara en parte: "Se considerará que todas las personas que hagan la excursión han renunciado a todos los reclamos en contra del Distrito o el Estado de California por lesión, accidente, enfermedad o muerte que ocurran durante o por razón de la excursión o el viaje escolar." Se puede comprar un seguro de accidente por una cuota diaria mínima a través de la escuela. Esta institución es un entidad que proporciona oportunidades equitativas.

To be completed only upon emergency release of student to authorized parent or guardian during the trip. Student released to:

Parent or Guardian name (please print) \_\_\_\_\_

Signature \_\_\_\_\_



# Field Trip Data Sheet

**Directions:** Please take this form to the Attendance Office before you leave on your field trip. This form will accompany the top portion of Attachment F – Parent’s or Guardian’s Permission for a field trip and Authorization for Medical Care – IV.D. Trip Slip, which are to be left in the Attendance Office. Take the bottom portion of Attachment F, which is to be signed by the parent or guardian, with you on your trip.

If a student did not bring a signed copy of Attachment F – Trip Slip, or if they or not attending this field trip, **please assign them to another classroom.** The students will be assigned as follows:

Student’s Name	Assigned Room	Teacher
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		

**ALL of my students are present today:** ☐

The following students are absent today:

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

Teacher’s Name:	Room Number:
Trip Date:	Destination:
Time Leaving:	Time Returning:



Florence Nightingale Middle School

# Student Attendance Form

TEACHER NAME:


DATE:

Please write the students' names and take attendance when departing from the school and from the destination. (Use this sheet or staple your 5-column roster(s) to this sheet)

Please write students' names below	Departure from school	Departure from Destination	Please write students' names below	Departure from school	Departure from Destination
1.			31.		
2.			32.		
3.			33.		
4.			34.		
5.			35.		
6.			36.		
7.			37.		
8.			38.		
9.			39.		
10.			40.		
11.			41.		
12.			42.		
13.			43.		
14.			44.		
15.			45.		
16.			46.		
17.			47.		
18.			48.		
19.			49.		
20.			50.		
21.			51.		
22.			52.		
23.			53.		
24.			54.		
25.			55.		
26.			56.		
27.			57.		
28.			58.		
29.			59.		
30.			60.		

Florence Nightingale Middle School  
**REQUEST FOR DATE ON THE MASTER CALENDAR**

*Activities affecting the entire school (eg. Schedule changes, school-wide assemblies, etc.) will be placed on the calendar, BUT must be approved by the Local School Leadership Council.*

Staff Name:		Date:	
Activity:			
Date Requested:		Second Choice (if unavailable):	
Location:		Time:	to:
Approval of Administrator: 			

**EQUIPMENT NEEDED FOR THE EVENT (IF NEEDED, PLEASE SEE CATHY, ROOM 211):**

WHITE SCREEN ☐

MICROPHONE ☐

PROJECTOR ☐

LAPTOP ☐

**Please return to Mr. Gutierrez, Title I Office**

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***Office Use Only***

Florence Nightingale Middle School

To: \_\_\_\_\_

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

From: Mr. Gutierrez, Title I Office

RE: Master Calendar Request

☐

Your activity has been placed on the Master Calendar.

☐

Your activity has NOT been placed on the Master Calendar because

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