

PROCEDURE 2320P EXHIBIT B

BELLEVUE SCHOOL DISTRICT - OVERNIGHT OR OUT OF STATE FIELD TRIP APPLICATION

All overnight and/or out-of-state trips require School Board Approval. For **overnight trips**, please submit this form to the Office of Athletics and Activities **at least 2 school weeks before** the intended School Board Meeting approval date. For **international travel**, this form must be submitted **at least 8 school weeks prior to departure**. Use the Supplementary Information form and attachments to explain itinerary; special events; fund-raising activities; meal and lodging provision. For **athletics or ASB activities with a state championship or culminating competition** where students or groups of students must qualify, each school should submit a list at the beginning of the year or season that describes the competition, dates and location of the events that require an overnight stay.

School(s) PLEASE PRINT	Date of Trip	Employee submitting application: Name and Email
Classes or groups	Maximum Number Students	Destination

Educational objectives of the trip:

Date of intended School Board Meeting: **Application Due:** 2 school weeks before Board Meeting; 8 school weeks for International trips

Departure: Date: _____ Time: _____ Return: Date: _____ Time: _____

<input type="checkbox"/> SCHOOL RISK ASSESSMENT/ INSURANCE CHECK COMPLETED BY PRINCIPAL Initials: _____	
BEFORE TRIP - These forms will be retained at the school: <input type="checkbox"/> Parental Permission slip (2320P Exhibit C) <input type="checkbox"/> Emergency Health form (2320P Exhibit E) <input type="checkbox"/> Medical Authorization Form (3416P Exhibit A)	BEFORE TRIP – Discuss medical needs with school nurse: <input type="checkbox"/> Sponsor agrees to have Exhibit E and Medication Authorization forms for all students by _____ (date). Nurse Initials _____ Sponsor Initials _____
COMPLETED FORMS REQUIRED for INTERNATIONAL trips. BEFORE EXPENDITURE, to be retained at school: <input type="checkbox"/> Notice and Waiver, Extended Field Trip Expenses (2320P Exhibit D) <input type="checkbox"/> Notarized Parent Permission slip (2320P Exhibit C)	
FINANCIAL PLAN: Funds that have been or are to be deposited with the District CANNOT BE COMMITTED to pay travel costs or program expenses until the trip has been BOARD-APPROVED .	<input type="checkbox"/> USING OUTSIDE TRAVEL AGENT (Check if yes.) Name of Travel Agent: _____

EXPENSES Minimum # of Students: _____ Cost per Student Maximum:	TRIP COSTS (Maximum Number of Students) Max # of participants x Max \$ per participant = Total Cost (e.g., 13 x \$5 = \$65)	COSTS TO BE PAID FROM:				TOTAL	ORG KEY ASB/GF (where funds are deposited)
		ASB Fund Amount ¹	General Fund Amount	Other Funds Amount	Individual Students Amount		
Student Transportation	_____ x \$ _____ = _____						
Student Housing	_____ x \$ _____ = _____						
Student Meals	_____ x \$ _____ = _____						
Student Other (Registration, etc.)	_____ x \$ _____ = _____						
Staff Transportation	_____ x \$ _____ = _____						
Staff per diem (Food & Lodging)	_____ x \$ _____ = _____						
Staff Other (Registration, etc.)	_____ x \$ _____ = _____						
Release Time Substitutes	_____ x \$ _____ = _____						
TOTAL							

APPROVALS: For multi-school trips, the Principal of each school must sign application. Or, attach a joint letter signed by each Principal.

By: _____ Principal(s)	Date	Audited by: _____ School Accountant or Office Manager	Date
By: _____ School Athletics and Activities Director	Date	By: _____ ASB Officer ¹	Date
By: _____ School Nurse	Date	By: _____ District Athletics and Activities Director	Date
RISK ASSESSMENT By: _____ District Deputy Superintendent Designate	Date	School Board Approval Signature and Date:	

¹ ASB officer signature and copy of ASB approval minutes required for trips using an ASB org key

OVERNIGHT OR OUT OF STATE FIELD TRIP

Required Supplementary Information

Explain the student supervision, itinerary, special events/excursions, transportation, accommodations, meal provisions, and fund-raising activities.

Trip Sponsor and Chaperones

Trip Sponsor/Emergency Contact:

Name	Title	Cell Phone	Email

Staff Member(s)/Chaperone(s) in Attendance:

List additional chaperones (ratio determined by the Principal). If unsure, list an approximate student to chaperone ratio (Example: 10:1). Indicate whether they are certificated/classified employees; parents; or others.

Background Check: I confirm all volunteer chaperones will be approved through the BSD background check prior to travel.

Chaperone Drivers - if applicable: I confirm all volunteer chaperones or BSD staff have completed Procedure 2320P- Exhibit G- Driver Authorization form if transporting students via leased, private, or BSD vehicles.

NAME	POSITION

Please note: Spouse may serve as chaperone as a last resort. Children of chaperones are prohibited from traveling with school groups. Chaperones are prohibited from receiving any benefits beyond transportation, lodging and food. See: BSD Website - Athletics & Activities/Field Trips/Field Trip Guidance FAQ.
<https://bsd405.org/departments/athletics-activities/field-trips/>

Trip Plans: Attach a document to this form (or use field trip worksheet) and include all the information below in the following order:

I. Detailed Itinerary: dates, daily schedule/times, and educational activities/excursions

II. Complete Transportation Details: to/from destination and during trip (carpool, van, bus, transit, boat, air travel) including transportation to/from airports. Ride sharing (ex. Uber, Lyft) are not allowed.

III. Accommodations: hotel/facility name, location, and phone of all lodging. Peer to Peer Rentals (ex. Airbnb, VRBO) are not allowed.

_____ (Sponsor Initials) ***I confirm that all BSD students will room with other BSD students of the same gender.**

IV. Plans for Meals: See Board Policy [3420: Anaphylaxis Prevention](#) and [3420P: Anaphylaxis Prevention and Response](#).

V. Funding: how the trip will be funded and how costs for students in financial need will be met so no student will be denied participation due to lack of funds (If ASB funds used, attach meeting minutes indicating field trip approval by ASB.)

HIGH RISK ACTIVITIES

The following activities are either: a) not covered by the District insurance, b) judged (by the District) too dangerous to risk the premium increase likely to follow a major claim against the District, or c) are activities that, because of their risks, the District deems inappropriate to include in school/District sponsored activities.

- Adopt-A-Highway Litter Removal Programs on Interstates or busy highways
- **Aviation-related Activities:** Aviation events not associated with regular scheduled commercial aircraft, Hot Air Balloons, Helicopters on school premises, Rides on non-commercial, Chartered Planes/Aircraft; Sky Diving/Hang Gliding, Ultra-Light/Powered Parachute
- Amusement Parks (See clarification below.)
- Big Time Wrestling, Powder Puff Tackle Football, and similar events involving student participants
- Bonfires
- Bungee Jumping
- Catapult Shooting
- Climbing Walls (except District-approved horizontal traversing walls)
- Fencing
- Firearms (unless FFA/ROTC)
- Foreign Travel (non-essential)
- Free Running
- **Games:** Boffing, Dodge Ball, Donkey Basketball, Dunk Tanks, Extreme Sports Competition, Ga Ga Ball, Logging/Timber Games, Hockey Clubs, Indoor Hockey, Skateboard Hockey, Paint Ball, Red Rover, Tug of War
- Giant Inflatables/Bouncy Houses and Slides
- Mechanical Bull Riding
- **Outdoor Activities:** Hiking (except in tightly controlled areas and in the daytime only), Mountain Biking, Orienteering, Outdoor Rock Climbing, Repelling, Overnight Camping Trips, Spelunking/Caving, Zip-lines
- Prohibited Occupations and Workplace Activities for Minors
- Pyrotechnics (In-House)
- Rodeo/Equestrian
- Roller Skating, Roller Blading, Roller Derby
- Ropes Challenge (low course is allowed)
- Rugby
- Saddle Animals (except for tightly controlled walk situations)
- Skateboarding
- **Snow/Winter Activities:** Ice Skating and Ice Fishing on Lakes & Ponds; Skiing (except for regular Bellevue Ski School) including sledding, and snowboarding
- Trampoline (except for those purchased by the District)
- **Vehicles:** Car or Person Snake through Town/Homecoming, Car Racing (Drag or Track), Demo Derby, Go-Carts, Scooter Racing
- **Water Activities*:** Boat Rides (or other water events other than regular commercial passenger vessels or carriers specifically approved by the District's insurance broker), Canoeing, Kayaking, Open Water Fishing, Para-Sailing, Rafting, Scuba Diving, Swimming, Water Slides and Thrill Rides (Amusement Parks), Water Polo, White Water Rafting

**A water activity (e.g. Swimming or Water Polo) is not approved unless it is part of an athletic event or practice, with an approved number of qualified lifeguards at an appropriate public facility; activities or parties in private pools are not approved; also, hotel pools are not approved.*

Amusement Park Clarification: For those trips where the educational component of the trip is at an amusement park, include the following additional documentation when submitting trip documentation for school board approval. Once submitted these trips will be considered on a case-by-case basis. Without the following documentation, the trip will not be considered:

- All participants on the trip will be encouraged to purchase trip insurance. Include the trip insurance information provided to all trip participants for their consideration.
- The sponsor of the trip will work with the host to add the Bellevue School District as an additional insured to the amusement park's liability insurance policy. Include a copy of the additional insured documentation.
- Include a clear statement that trips to a theme park end before nightfall. If the trip cannot end prior to nightfall, include a request for an exception to this provision.
- Include a statement that all trip sponsors will ensure that all students and chaperones will follow park rules. This means following height/age/weight requirements for rides, games, etc.
- Include a statement that all trip sponsors will recommend that participants stay off roller coasters and spinning rides.

____ (Initial) *We agree NOT to participate in any of the above High Risk /Not Recommended Activities.

No, we do not agree. Explanation of why not: