



BIE NAVAJO DISTRICT Field Trip Guidelines



Student Activity Operations Yearly Plan (Due in August) – Under 25CFR 36.43 Standard XVI-Student activities. All schools shall provide and maintain a well-balanced student activities program based on assessment of both student and program needs. Each activity program shall help develop leadership abilities and provide opportunities for student participation but not to be limited to activities that include special interest clubs, physical activities, student government, and cultural affairs. The activity program shall be an integral part of the overall educational program.

- a. All student activities shall be required to have qualified sponsors and be approved by the school supervisor
- b. A plan of student activity operations shall be submitted, by each activity (Day and Overnight Trips, Athletic Trips-in bundle them by sport when schedule is determined) at the beginning of each school year to the school principal and principal supervisor. The Student Activity Operations Plan will include the purpose, structure, coordination, planned types of funding raising activities.
- g. All student activities involved in fund raising (school or parent group) are required to establish school student activity bank account following school/student banking procedures outlined under 25CFR 31.7 and 36.43 g. All student activity accounts shall be audited annually.
- h. The school shall provide for the safety and welfare of student participating in school-sponsored activities. The following field trip activities will be considered hazardous and unsafe: any water activity, theme parks, adventure courses (ropes courses), mini-race car courses, skiing/snowboarding, hiking in rouged areas, horseback riding, etc.). These types of field trips will not be approved. If a child with special is currently assigned a one-on-one assistant they will accompany the child as part of the child's IEP.

Day Field Trips – The principal shall send his/her immediate supervisor notification and information about all such one-day trips prior to the event. The required number of chaperones shall be the same as those listed below under CHAPERONES.

Meal Request Form – The trip sponsor will need to follow the protocol for order means for Day Trips. Sponsors must complete the District Field Trip Meal Notification/Request Form and submit it to food services 15 schools days prior to the trip. Breaks are not counted as part of the days counted.

Overnight Trips (Grades K-3 NO OVERNIGHT TRIPS) – The principal of a school shall be contacted before the sponsoring staff begins to discuss any overnight student field trip. If the principal should feel that such a trip would be project worthy of pursuing, a detailed plan of the projected trip, its instructional student learning expectations, the number of chaperones required, and cost(s) should be presented to the BIE ADD official for approval before it is discussed with students, parents, or community. Once the trip has all of the necessary approvals, the sponsor shall proceed with the necessary arrangements as outlined in the BIE Navajo District Field Trip Request Form.



BIE NAVAJO DISTRICT Field Trip Guidelines



Chaperones –

- a. When the student group is co-educational, there shall be at least one (1) chaperone of each gender. On all overnight trips, k-12 students shall be accompanied by chaperones in accordance with the following formula:
 - 10 student or fewer – 2 chaperones
 - 11 to 15 students – 3 chaperones
 - One (1) additional chaperone for every additional ten (10) students or major portion thereof

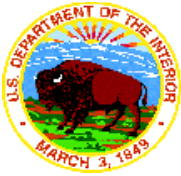
- b. When the group is coeducational there shall be at least one (1) chaperone of each gender. On all overnight trips students shall be accompanied by chaperones in accordance with the following formula:
 - 10 student or fewer – 2 chaperones
 - 11 to 15 students – 3 chaperones
 - 16 to 20 students – 4 chaperones
 - One (1) additional chaperone for every additional ten (10) students or major portion thereof

- c. In all instances, chaperones **MUST** be members of the school staff, if not all chaperones must have current background checks on file at the school.

High Risk Activities - Any type of water activities or high risk activities will not be approved: (swimming, rafting, amusement parks, rough course adventures, skiing, snowboarding, boating, race car courses, etc.)

Scheduling Student Travel Activities – All Student Travel Activities will be scheduled during the months of September through March of each school year.

**** ALL FORMS MUST BE TYPED ****



BIE NAVAJO DISTRICT Flow Chart for Field Trip Requests



Submit Field Trip Plans in August by Sponsoring Staff
****ALL FORMS MUST BE TYPED****



SUBMIT STUDENT ACTIVITY OPERATIONS PLAN by AUGUST 31st OF EACH YEAR



NO OVERNIGHT TRIPS FOR GRADES K-3



Day Trips will need to follow the BIE Navajo District Field Travel Process



Overnight Trips will need to follow the BIE Navajo District Travel Process



All Athletic Trips will be submitted to Principal in a batch for each Sport



All Interscholastic Sport Trips will be submitted to Principal in a batch for each Sport



All Field Requests **MUST** have Principal signature



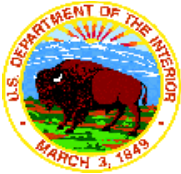
All Field Trip Requests **MUST** have Financial Approval



All Field Trip Requests **MUST** have BIE ADD Approval



All Field Trip Requests will have school site BOE Signature



BIE NAVAJO DISTRICT
Proposed Student Activity Operations Plan
(25CFR 36.43)



School Year: _____

Date Plan Submitted: _____

School: _____

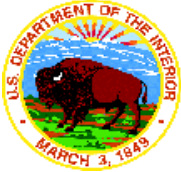
Principal: _____

Proposed Student Activities	Student Activity Sponsors	Grade Level Participating	Student Activity Dates	Student Activity Destination	Student Activity Financial Cost
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

Principal: _____
Signature
 _____ **APPROVED** _____ **DISAPPROVED** Date: _____

Immediate Supervisor: _____
Signature
 _____ **APPROVED** _____ **DISAPPROVED** Date: _____

BIE Associate Deputy Director – Navajo: _____
Signature
 _____ **APPROVED** _____ **DISAPPROVED** Date: _____



BIE NAVAJO DISTRICT
Field Trip Mean Notification/Request Form
Submit within 15 School Days Prior to Trip
(Breaks are not counted as notice)



School: _____

Teacher: _____ **Email Address:** _____

Room #: _____ **Number of Students Class:** _____ **Number of Chaperones:** _____

Date Ordered: _____ **Date Needed:** _____

FOOD ORDER: (check all that applies)

_____ Number of Hot Breakfast Meals Needed

_____ Cancel Breakfast for all Students – No Breakfast Needed

_____ Number of Lunch Meals Needed

_____ Cancel Lunches for all Students-No Bag/Sack Lunches Needed

DELIVERY INSTRUCTIONS: (check one)

_____ Hold the Bag/Sack Lunches for Pick-up at _____ AM/PM

_____ **YES** – I will provide the coolers for the meals and milk.

_____ **NO** – I will not provide the coolers for the meals and milk.

PAYMENT: (check one) list of names must be provided for cafeteria manager

_____ **STUDENTS** are paying for their own meal(s).

_____ **SCHOOL** is paying for all student meal(s).

Field Trip Sponsor: _____ **Date:** _____
Signature

Principal: _____ **Date:** _____
Signature



BIE NAVAJO DISTRICT Field Trip Request



School: _____ Today's Date: _____

Field Trip Sponsor(s): _____ Proposed Field Trip Date: _____

Destination: _____ Day: _____ Overnight: _____
City, State (check one)

Grade Level(s) Participating: _____

FIELD TRIP JUSTIFICATION:

INSTRUCTIONAL PURPOSE:

Deconstructed Standards Addressed:

Assessment-Student based Project:

FINANCIAL COST *(estimate):*

Accounting Code: _____

Fund Year Cost Center Functional Area WBS

Accounting Code: _____

Fund Year Cost Center Functional Area WBS

Student Meals Cost:	\$
Admission Cost:	\$
Transportation Cost:	\$
<i>(airfare, ground transportation)</i>	
Lodging Cost:	\$
Staff Per Diem:	\$
Miscellaneous:	\$
	\$
	\$
	\$

Request for OT: Yes _____ No _____ **Total requests:** _____ **Total OT Cost:** _____

TOTAL TRIP COST: \$ _____

FINANCIAL APPROVAL:

School Business Manager/Tech: _____ Date: _____

Signature

School Operations Program Administrator: _____ Date: _____

Signature

TRIP LOGISTICS:

Number of Students: _____

Number of Chaperones: _____

Special needs students who are assigned a one-on-one Educational Technician will maintain this support during any and all activities as per the child's IEP

Mode of Transportation: _____

Total Trip Mileage: _____

Trip Departure Time: _____ AM/PM

Trip Return Time: _____ AM/PM

Number of Student Meals: _____ Breakfast

_____ Lunch

_____ Dinner

Any type of water activities or high risk activities will not be approved: (swimming, rafting, amusement parks, rough course adventures, skiing, snowboarding, boating, race car courses, etc.) refer to Field Trip Procedures.

Principal: _____
Signature

Date: _____

BIE Associate Deputy Director – Navajo: _____
Signature

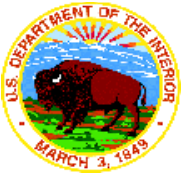
_____ **APPROVED**

_____ **DISAPPROVED**

Date: _____

School Board President: _____
Signature

BOE Meeting Date: _____



BIE NAVAJO DISTRICT Participating Student Roster

(Add additional rows as needed)



Student Name:		Student Name:	
Student ID No:		Student ID No:	
DOB:		DOB:	
Census Number:		Census Number:	
Parents Name:		Parents Name:	
Physical Address:		Physical Address:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Student Name:		Student Name:	
Student ID No:		Student ID No:	
DOB:		DOB:	
Census Number:		Census Number:	
Parents Name:		Parents Name:	
Physical Address:		Physical Address:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Student Name:		Student Name:	
Student ID No:		Student ID No:	
DOB:		DOB:	
Census Number:		Census Number:	
Parents Name:		Parents Name:	
Physical Address:		Physical Address:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Student Name:		Student Name:	
Student ID No:		Student ID No:	
DOB:		DOB:	
Census Number:		Census Number:	
Parents Name:		Parents Name:	
Physical Address:		Physical Address:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Student Name:		Student Name:	
Student ID No:		Student ID No:	
DOB:		DOB:	
Census Number:		Census Number:	
Parents Name:		Parents Name:	
Physical Address:		Physical Address:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	

Student Name:		Student Name:	
Student ID No:		Student ID No:	
DOB:		DOB:	
Census Number:		Census Number:	
Parents Name:		Parents Name:	
Physical Address:		Physical Address:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Student Name:		Student Name:	
Student ID No:		Student ID No:	
DOB:		DOB:	
Census Number:		Census Number:	
Parents Name:		Parents Name:	
Physical Address:		Physical Address:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Student Name:		Student Name:	
Student ID No:		Student ID No:	
DOB:		DOB:	
Census Number:		Census Number:	
Parents Name:		Parents Name:	
Physical Address:		Physical Address:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Student Name:		Student Name:	
Student ID No:		Student ID No:	
DOB:		DOB:	
Census Number:		Census Number:	
Parents Name:		Parents Name:	
Physical Address:		Physical Address:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Student Name:		Student Name:	
Student ID No:		Student ID No:	
DOB:		DOB:	
Census Number:		Census Number:	
Parents Name:		Parents Name:	
Physical Address:		Physical Address:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Student Name:		Student Name:	
Student ID No:		Student ID No:	
DOB:		DOB:	
Census Number:		Census Number:	
Parents Name:		Parents Name:	
Physical Address:		Physical Address:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	

Student Name:		Student Name:	
Student ID No:		Student ID No:	
DOB:		DOB:	
Census Number:		Census Number:	
Parents Name:		Parents Name:	
Physical Address:		Physical Address:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Student Name:		Student Name:	
Student ID No:		Student ID No:	
DOB:		DOB:	
Census Number:		Census Number:	
Parents Name:		Parents Name:	
Physical Address:		Physical Address:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Student Name:		Student Name:	
Student ID No:		Student ID No:	
DOB:		DOB:	
Census Number:		Census Number:	
Parents Name:		Parents Name:	
Physical Address:		Physical Address:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Student Name:		Student Name:	
Student ID No:		Student ID No:	
DOB:		DOB:	
Census Number:		Census Number:	
Parents Name:		Parents Name:	
Physical Address:		Physical Address:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Student Name:		Student Name:	
Student ID No:		Student ID No:	
DOB:		DOB:	
Census Number:		Census Number:	
Parents Name:		Parents Name:	
Physical Address:		Physical Address:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	



BIE NAVAJO DISTRICT Parent/Guardian Permission Slip



As parent/legal guardian of _____, I grant permission for
(Print Student's Name)
him/her to participate in the fieldtrip described below.

----- To be completed by the School -----

Destination: _____

Nature or purpose of the trip:

Date/Time of Departure: _____ **Date/Time of Return:** _____

Sponsors/Chaperones:

Cost of Trip per child:

Medical Conditions (please list if applicable): _____

Emergency Contact Information:

Primary Contact: _____ **Phone Number:** _____ **Relationship:** _____
(Print First/Last Name)

Secondary Contact: _____ **Phone Number:** _____ **Relationship:** _____
(Print First/Last Name)

Signature of Parent/Guardian

Date

I am aware that when I am on a school-sponsored trip, I am under the jurisdiction and supervision of the school-employed sponsors/chaperones and that my behavior must conform to the *Code of Student Conduct*, the school's Student Handbook, and reasonable instructions from chaperones. I understand I will be subject to appropriate disciplinary action for violations of these rules and regulations.

Signature of Student

Date