



Toledo School District Trip Request Instructions

Travel is one way we provide opportunities and meaningful experiences for students. Travel is also one of the most difficult things we do with students. In addition to providing experiences, we're also responsible for ensuring a safe environment. If the travel involves an overnight stay, it requires supervision on a 24-hour basis. Travel with groups of students must be well-planned and scheduled.

This packet is intended to assist trip sponsors in planning successful trips with students and communicating the details of the trip to the team that supports travel from home. In order for a trip to be sponsored by the district, this packet must be completed in its entirety. If you are unsure of any information, seek assistance from your building principal.

As a trip sponsor, you are responsible for completing and submitting all needed forms and purchase requests prior to consideration of your trip. It is wise to plan your trips annually and to discuss them with your supervisor prior to completing all of the requisition forms. Once completed and approved by the building principal, trip sponsor will submit copies of all trip packets to the district office, including day trips (original completed packet should be retained with trip sponsor). **The trip sponsor is responsible for routing van and bus requests to the transportation supervisor.**

If travel is overnight, the packet must be received by the district office prior to the second Monday of the month for consideration and inclusion in that month's board agenda. Those received after the second Monday will be placed on the following month's agenda, please plan accordingly.

The trip sponsor will be expected to present the trip proposal to the board in person. If the trip sponsor is unable to attend the meeting they will need to have a representative come in their place. No overnight trips may take place without prior Board approval.

The employee trip sponsor will be responsible for seeing that the trip is conducted in accordance with district policy and procedure and all laws and regulations pertaining to public school operations.

Transportation:

Transportation is a contract service to our groups. The driver is not a chaperone. The driver's duty is to safely transport participants to scheduled venue(s) and to manage and direct the operation of the vehicles assigned to the trip. Each driver needs a private room (for overnight trips), a stipend for meals (issued by the District Office), and a stipend for parking (issued by the District Office). These items are to be arranged by the trip sponsor in advance of the trip.

Trip Sponsor and Chaperones:

The trip sponsor is responsible for all arrangements. In addition, the trip sponsor is the lead chaperone and supervises all aspects of the trip and the chaperones under his/her direction. All adults listed as chaperones must complete, and pass, a volunteer background check through the district office. These chaperones are under the direction of the trip sponsor for the duration of the trip. Just as students are not allowed to possess or use vaping devices, alcohol, marijuana or tobacco on district sponsored trips, chaperones are not allowed to be in possession of or use vaping devices, alcohol, tobacco or marijuana during the trip. For more information regarding trips, please refer to Board policy 2320.

Community members who are not participants (by permission slip) or chaperones (as scheduled in this packet) may attend the trip event, but may not utilize any district resources during their participation (transportation, meals, lodging, tickets, etc.). This includes children and family members of the trip sponsor and chaperones.

District forms package checklist:

- Field Trip Request Form
- Transportation Request Form
- Field Trip Roster (List of students & chaperones- 1 per 10 students)
- Field Trip Permission/Medical Authorization Forms
- Travel Expense Claim Form (meal money - 1 for students & 1 for employee)
- All related purchase requests submitted to Skyward for approval
- Notice to kitchen (written)
- Information to Parents
- Substitute/Supervision Coverage
- No conflicts with athletics or other school district events

Toledo School District Trip Request Form

*Must be completed and turned in by the second Monday of the month to ensure inclusion in the current month's board agenda.

Employee /Trip Sponsor: _____ Date: _____

Club or Activity: _____

Destination: _____

Date of Trip: _____

Educational Objective/ Purpose of Trip: _____

- I will be requesting a district credit card for meals.
- I will be requesting a district credit card for gas.
- I will be requesting a check for meals.
- No meal money will be requested for this trip.

Overnight trip? ___ Yes ___ No * If yes, Board approval is required.*

Requested Board Meeting Date: _____

Employee Signature Date: _____

Principal or Supervisor Date: _____

Superintendent Date: _____

Request Approved ___ Denied ___ Other ___

Recorded in board minutes date(s): _____

TOLEDO SCHOOL DISTRICT TRIP BUDGET

Trip Title: _____

Date: _____

Expense Description	Expense	Budget Code/Budget Description
Substitute (See rates below)		
Transportation (including fuel/mileage, wages, driver meals & lodging)		
Registrations/Admissions		
Meals		
Lodging		

Employee/Trip Sponsor Date

Principal or Supervisor Date

***Full Day (7.5 hours) Substitute- \$165**

***Half-Day (3.75 hours) Substitute-\$100**

Please work with your building secretary to create any needed purchase orders.

Toledo School District Field Trip Roster

Group: _____
 Destination: _____

Trip _____
 Date(s) _____

	Students		26.
1.			27.
2.			28.
3.			29.
4.			30.
5.			31.
6.			32.
7.			33.
8.			34.
9.			35.
10.			36.
11.			37.
12.			38.
13.			39.
14.			40.
15.			
16.			
17.			
18.			
19.			
20.			Chaperones (1:10)
21.			Lead Chaperone:
			Phone:
22.			
23.			
24.			
25.			

BUS REQUEST FORM

One request form is required for each trip requested.

Requests should be submitted at least **10 business days** in advance of trip date.

Transportation cannot guarantee a specific bus or driver.

Current Date Date of Trip No. of Regular Buses Requested

Seating Guidelines: Please call Dispatch at 360.864.2393 to determine number of buses required for safety.

Requested Leave Time Leave Destination Return to School

Pickup Location Other Location

Destination

Physical Address of Destination MUST be provided

Physical Address

Number of Student Passengers Grade Adults / Coaches

Do you require an additional wheelchair bus? If Yes - Name of Student

Special Accommodations

Other Accommodations

Requested By Extension # Cell #

Type of Trip

Specify Group or Team

Principal/Supervisor Signature

Account Code

WAC 392-145-021 When a teacher, coach, or other certificated staff member is assigned to accompany students on a school bus, such person shall be responsible for the behavior of the students in his or her charge, and shall ensure that passengers comply with state rules, district policies and district procedures for student transportation. **However, the school bus driver shall have final authority and responsibility.**

Toledo School District Transportation Van Usage Request Form

Requested by: _____ Date of Request: _____

Purpose: _____ Destination: _____

Number of adults traveling: _____

Number of students traveling: _____

Leave Date / Time: _____

Return Date / Time: _____

I agree to follow the Toledo School District transportation policies and the transportation guidelines agreed upon by the coaches' and drivers' unions. All passengers must wear their seatbelts at all times.

Driver's name

Emergency Contact Number: _____

Driver's signature

Date: _____

Administrator / Supervisor Approval

Budget Code: _____

Toledo School District Transportation

Pre/Post Trip Report

PRE TRIP CHECK TO BE COMPLETED BY DRIVER:

1. CHECK ALL ITEMS ARE WORKING PROPERLY

Driver's Initials

Headlights

Tail lights/Brake lights

Turn signals

Tires inflated correctly

Mirrors adjusted properly

2. EXPLAIN TO STUDENTS/PASSENGERS:

- Evacuation Procedure – 100 feet away, out of traffic
- Seat belts must be worn at all times
- Location of fire extinguisher and first aid kit

POST TRIP REPORT TO BE COMPLETED BY DRIVER:

1. Pick up trash/return inside to pre-trip condition
2. Fuel if necessary (less than ½ tank)
3. Note problems or concerns (weird noises, steering or driving issues, out of washer fluid, etc..)
4. Leave completed form on seat and lock keys in van or give to transportation department.

Problems or Comments: _____

RETURN MILEAGE: _____

DEPARTING MILEAGE: _____

TOTAL MILES TRAVELED: _____

_____ Date: _____

Signature verifying total miles traveled

TOLEDO SCHOOL DISTRICT

Field Trip Permission Form

Your student is scheduled to attend a field trip to:

Date	_____	Time	_____
Location	_____		
Cost	_____		
Transportation	_____		
Notes	_____		

Please return this permission slip by:

I give permission for my child _____	
to attend the field trip to _____	on _____
from _____	to _____
Enclosed is \$ _____ to cover the cost of the trip. (Exact cash or check made payable to school.)	
In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:	
Name _____	Phone _____
Parent/Guardian _____	Date _____
Signature _____	_____

TOLEDO SCHOOL DISTRICT

Employee Travel Expense Claim

Event							
Date							
Date	Employee Name	Breakfast Per Diem	Lunch Per Diem	Dinner Per Diem	Total	Signature	

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

COACH or TRIP COORDINATOR:

Employee Name (print) _____

Employee Signature _____ Date _____

Principal or Supervisor Signature _____ Date _____

Total \$ _____
Total Spent _____

Returned _____

**TOLEDO SCHOOL DISTRICT
Student Travel Expense Claim**

Event Date	Student Name	Initial Breakfast	Breakfast \$10	Initial Lunch	Lunch \$12	Initial Dinner	Dinner \$16	Total	Signature
			\$ -		\$ -		\$ -		

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

COACH or TRIP COORDINATOR:

 Employee Name (print)

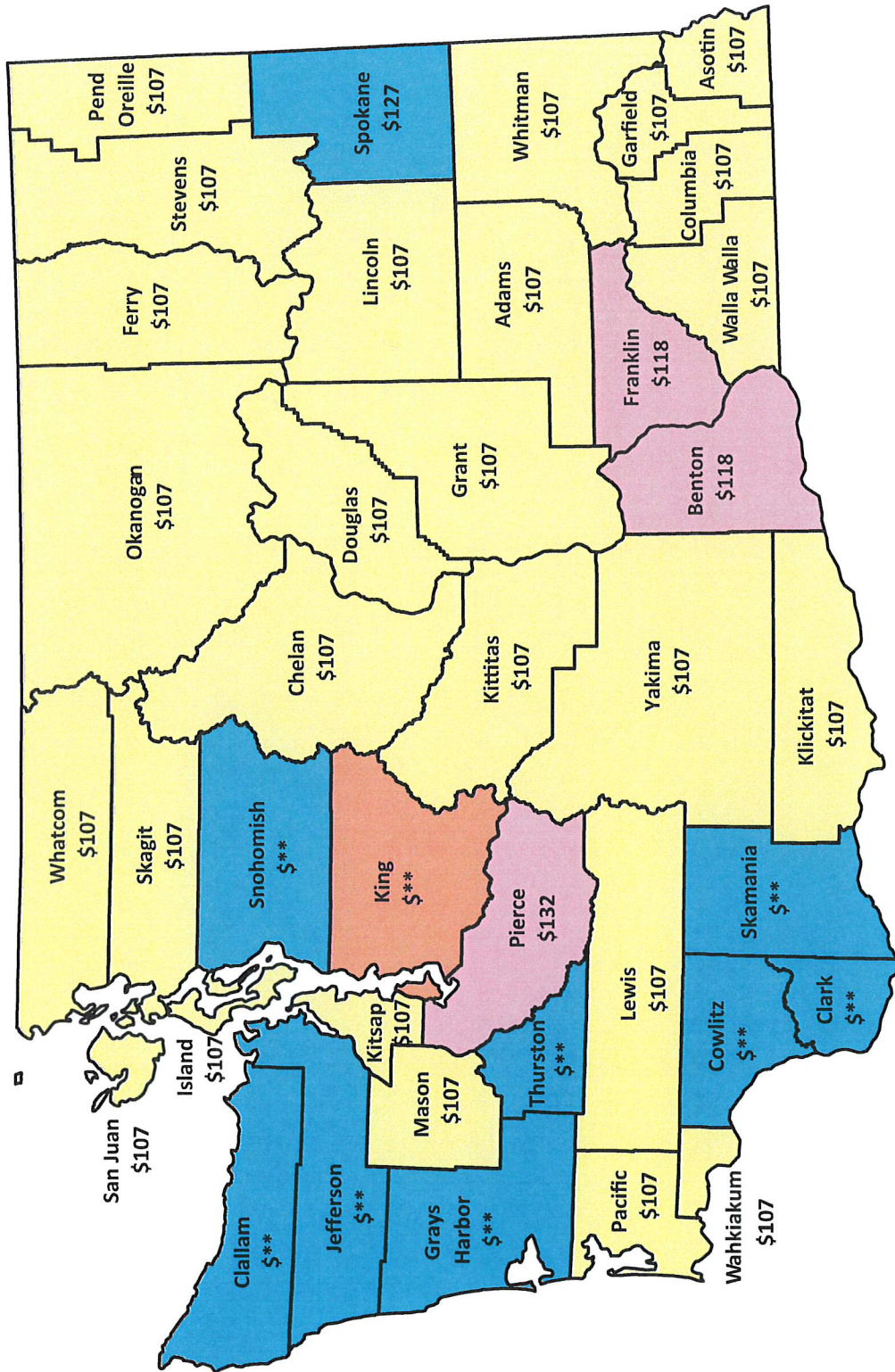
 Date

Principal or Supervisor Signature

 Returned

Total Claimed
 \$ -
 Total Spent
 \$ -

Per Diem Rates - As of October 1, 2023



Meal Rates				
TOTAL	B	L	D	
■	\$14	\$17	\$28	
■	\$17	\$19	\$33	
■	\$18	\$20	\$36	
■	\$19	\$22	\$38	

§ Maximum Lodging Rate

**** Seasonal Lodging Rates for Counties:**

Clark, Cowlitz, & Skamania	06/01 - 10/31	\$182
	11/01 - 05/31	\$152
Clallam & Jefferson	07/01 - 08/31	\$219
	09/01 - 06/30	\$129
Grays Harbor	07/01 - 08/31	\$146
	09/01 - 06/30	\$111
King	05/01 - 10/31	\$232
	11/01 - 04/30	\$176
Snohomish	06/01 - 08/31	\$139
	09/01 - 05/31	\$116
Thurston	09/01 - 10/31	\$132
	11/01 - 08/31	\$153

POV Mileage Rate

The privately owned vehicle mileage reimbursement rate is \$0.655 per mile. (effective 1/1/2023)

For Out-of-State Per Diem Rates, refer to the GSA website at: <http://www.gsa.gov>. To get the total meal and incidental expense rate breakdown of individual meal allowances, refer the State Administrative and Accounting Manual (SAAM), Subsection 10.40.10.c