



Field Trip Authorization Request Form

(To be submitted to principal/department administrator for approval three (3) weeks prior to field trip.)

School/Department KHS/MUSIC

Originator/Grade Level TOM GUENTHER/9-12

Date(s) of Trip 4.20.17 - 4.23.17

Destination WSU, SPOKANE, AND COEUR D'ALENE IDAHO

Name Holiday Inn Express

Address Spokane & Pullman

Phone (206) 947-6373 Contact Person TOM GUENTHER

Departure/Return Time 3:00PM THURSDAY, 7:00PM SUNDAY

If applicable: Out-of-State Country Overnight

Ferry Location and Times N/A

Billing Information

Purchase Order + KHS Band Boosters
 Check will pay all costs.

Type of Transportation

- School Bus Requested – Complete School Bus Transportation Request Form (2320F-1)
- Commercial Vehicle: Type (POSSIBLE CHARTER BUS) if NKSD can't drive
- Use of Private Vehicle – Complete Approval for the Use of Private Vehicle (2320F-3)
- Other: Type _____

Cost:	No. of Adults	<u>6+</u>	Admission:	Each	<u>300</u>	Total	<u>1,800</u>
	No. of Students	<u>45 (est.)</u>	Admission:	Each	<u>300</u>	Total	<u>13,500</u>
			+ Transport:	Each	_____	Total	_____
			Ferry:	Each	_____	Total	_____
			Other:	Each	_____	Total	_____

Administrator Approval: [Signature]

Date: 1-23-17

(Both overnight and out-of-country/out-of-state trip proposals are to be submitted to the superintendent/designee for approval.)

Superintendent/Designee: _____

Date: _____

Distribution:
 Original to Principal
 Copies to: Canary--Teacher
 Pink--Superintendent Designee for overnight and out-of-state trips

(COVERED BY BOOSTER)



Transportation Department
 26000 Siyaya Ave NE
 Kingston, WA 98346
 US DOT #2358661
Ph: (360) 396-3099

TRIP # _____ **BUS #** _____

For Trips on Ferry email sent to reserve ferry 72 hours in advance

Terminal 1 / Time _____

Terminal 2 / Time _____

DATE of TRIP 4.20.17-4.23.17 REQUESTING SCHOOL KNS

Class/Dept./Group MUSIC Destination EASTERN WA / IDAHO

Total Passengers 51 Do you need a bus with undercarriage storage? Yes No _____

For Local Trips- Do you want the bus to stay? Yes No _____

Depart from your school-Time 4.20 @ 3:00PM Return to your school- Time 4.23 @ 7:00AM

TRIP APPROVAL Request will not be processed without proper signature and account information below.

ACCOUNT NUMBER 4010-00-0006-440-0000-0000 **Gen.Fund** ASB **Co-Curricular** _____

Teacher(s) _____ **DATE** 1/23/17 **ASB student** Katherine Hunter **DATE** 1/23/17

Building Administrator _____ **DATE** 1-23-17

Superintendent/Designee Signature [Signature] **required if** Overnight Out of State Out of Country

Superintendent/Designee Signature _____ **DATE** _____

FORM MUST BE RECEIVED IN TRANSPORTATION 15 WORKING DAYS PRIOR TO

THIS IS TO BE FILLED OUT BY THE COACH/TEACHER AT THE END OF THE TRIP

Time of departure from school _____ Return trip departure time _____

Time of arrival at Destination _____ Time of arrival at Home school _____

Bus stayed at destination? Yes ___ No ___ Bus Clean after trip? Yes ___ No ___



Driver payroll report-drive start, stop, destination start, stop, drive start, stop, meal start, stop

Add extra sheet if needed (copy of Log sheet)

START TIME					
STOP TIME					

Regular runs missed—Combine as much as you need.	TIME LOST

Driver's Name (Print) _____

Mileage END	_____
Mileage START	_____
Mileage TOTAL	_____

Office Use Only

Driver Time	_____
Rate per Mile	_____
Ferry/Bridge Toll	_____
Meals	_____
Other charges	_____
Direct Total Charges to Account:	_____



North Kitsap School District

Request for Meeting or Conference

Instructions: Prior approval from the administrator with budget authority must be obtained when an employee plans to attend a meeting or conference. To obtain approval, please complete this form and submit it to your immediate supervisor.

Title/Description of Work or Activity

FIELD TRIP

Date(s) 4.21.17 Time: from 7:55 to 2:28

Location: KHS

Employee Names	Employee I.D. Number (if known)	Substitute Name (if known)	Sub Hours Requested (required)	*Sub. Codes (required)
<u>TOM GUENTHER</u>		<u>TBD</u>	<u>7.5</u>	<u>H</u>

Cost Estimate Account Code(s) (required)
Substitute 0105 27 3000 440 0233 0000

<i>For optional building use</i>	
_____ travel	_____
_____ meals	_____
_____ lodging	_____
_____ other	_____
_____ TOTAL	_____

***Substitute Codes**
(select and list in column above all that apply)

- D = non-paid time/release time
- E = substitute (classified)
- F = substitute - AM (cert)
- G = substitute - PM (cert)
- H = substitute-all day (cert)

KHMSOC
Authorization code (required)

[Signature]
Immediate Supervisor

Request Recommended Not Recommended
Request Approved Not Approved

1-23-17
Date

Administrator with Budget Authority

_____ Date

SUBMIT THIS DOCUMENT WITH MONTHLY TIME SHEETS

- Payroll
- File
- Copy
- Sub dispatcher

North Kitsap School District No. 400

Field Trip Permission Form

(Informed Consent Form*District Curricular/Co-Curricular/Interscholastic Activities)

Student Name: _____ Date: _____

I. **GENERAL INFORMATION** (return this form to your child's school before 4.14.17 and keep any attachments for your information.)

The KHS MUSIC PROGRAM

is planning a trip to WASHINGTON STATE UNIVERSITY + SPOKANE + COEUR D'ALENE

The purpose of this trip is MUSICAL ENRICHMENT THROUGH CLINICS AND FUN!

Trip destination WSU & Silverwood Theme Park, Idaho Phone 206-947-6373

Address Holiday Inn Express, Pullman Spokane Place of lodging HOLIDAY INN EXPRESS (PULLMAN + SPOKANE)

We will leave from KHS date/time 4.20 @ 3:00 PM

We will return to KHS date/time 4.23 @ 7:00 PM

Itinerary attached List of items needed attached

Attending: Number of students 45 Number of adults 6+

Type of Transportation: District Vehicle District Bus Private Vehicle * NO DISTRICT transportation provided

Commercial Transportation (describe) (POSSIBLE CHARTER) Other (describe) _____

* By signing this permission form parents/guardians accept responsibility for insuring that their student arrives to the designated departure area on time and is picked up at the specified pick up location on time.

II. **MEDICAL INFORMATION** (Completed by Parent/Guardian)

Medical Information:

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

The following medications, prescriptions, or special diets are needed:

Medical Release:

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent immediately. However, if I am not available, I authorize the school district to secure emergency medical care, as needed.

Name of preferred doctor _____ Phone _____

Name of insurance carrier _____ Policy Number _____

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. Although I understand that the school district will make reasonable efforts to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. Being fully aware of the risks, I hereby give consent for my child to participate in the activity.

Parent name, please print _____ Home Phone _____

Home Address & City _____ Work Phone _____

Parent/Guardian Signature _____ Emergency Phone _____

PRIOR ARRANGED ABSENCE FORM

Kingston High School

STEP 1: Complete and sign this form.

STEP 2: Have parent/guardian sign this form. Parent signature indicates that he/she agrees that the student is allowed to be absent.

STEP 3: Have teachers sign this form. Teacher signature acknowledges that they have received notification of this absence and that they have discussed with you the possible effects this absence could have on your performance and/or grade in their class.

STEP 4: Return this form to the attendance office.

I, _____, plan to be absent from school from
4.21.17 through 4.21.17 for
Date and/or period Date and/or period
SPRING MUSIC TRIP TO EASTERN WASHINGTON (IDAHO)

I understand that it is my responsibility to arrange with my teachers if and how the work missed during my absence can be made up. I also understand that there is no guarantee that I will be allowed to make up the work and I accept the responsibility for whatever effect this absence will have in each class.

 Student signature

 Parent signature

 Date

Period	Class	Comments	Teacher
1			
2			
3			
4			
5			
6			
+			

***NORTH KITSAP SCHOOL DISTRICT
OVERNIGHT CAMP/FIELD TRIP/HEALTH FORM***

STUDENT NAME _____
TEACHER/SCHOOL _____

HEALTH INFORMATION

1. Please fill out this form and return it to school at least one week before field trip/camp begins.
2. Inform the person you have listed as an emergency contact that you are doing so. If you are unavailable for instructions in an emergency, attempts will be made to contact the other name listed. Let that person know where to contact you if you plan to be away from home for several hours.
Emergency contact: _____ Phone _____
3. If your child is taking any medication that he/she will need to bring on this trip, list the name, amount, and times to be given on the back of this page. All medications, whether prescription or over-the-counter, require a completed 3416-F1 form. (Physician's Order For Oral Medicine at School). Forms are available from your school's main office. Attach the completed form to this sheet. If possible, please send only the # of doses needed for camp in the original container with the name and dose listed on it. A designated person will be responsible for giving the medicine to your child while on this trip.
4. List any concerns you have about your child's participation in trip activities. Feel free to discuss them with school personnel.
5. If your child has any allergies, list them on the back of this page. We will be glad to help you work out any special problems so that your child will be able to participate in this activity. Send a list of known allergies and a copy of specific doctor's instructions.
5. In the event of an emergency, every attempt possible will be made to contact you to discuss your child's care. If hospitalization is necessary, we will do so. Please sign the consent form so that we will be authorized to obtain emergency care if it is indicated.
5. Does your child have any problems or conditions that would exclude him/her from participating in any activities?

~ NO ~ YES (If yes, Please list restrictions.)

Proposed Spring Trip

WHO: Wind Ensemble, Symphonic Band, Jazz Band, Concert Choir

WHAT: Spring Trip (optional)

WHEN: April 20-23

WHERE: Pullman, Spokane, Silverwood

WHY: The purpose of this trip is to further enrich students' musical education by way of clinics, conferences, performances, and team-building.

COST: \$300-400

ITINERARY:

THURSDAY

2:30 PM – Meet in band room after 6th period

3:00 PM – Bus departs for Pullman, WA (stop for restroom, dinner on the way)

10:00 PM – Bus arrives at Holiday Inn Express (Pullman), check in.

11:00 PM – Lights out

FRIDAY

7:00 AM – Breakfast at the hotel

8:00 AM – Leave for PHS/WSU/UofIdaho for clinics, collaboration, tours (all day)

6:30 PM – Dinner (TBD, Pullman)

8:00 PM – Watch Tuba/Euphonium Convention concert at WSU

10:00 PM – Bus departs for Holiday Inn Express (Spokane)

12:00 AM – Check in to Holiday Inn Express (Spokane)

12:30 AM – Lights out

SATURDAY

8:00 AM – Breakfast at the hotel

9:00 AM – Leave for Triple Play Family Fun Center for entertainment day (all day)

5:30 PM – Bus departs for Spokane dinner

6:00 PM – Dinner (TBD, Spokane)

7:30 PM – Return to Holiday Inn Express (Spokane)

11:00 PM – Lights out

SUNDAY

8:00 AM – Breakfast at the hotel

9:00 AM – Clean rooms, pack, load bus

10:00 AM – Depart for River Park Square, Spokane, eat lunch

12:00 PM - Leave for Kingston (stop for restroom on the way)

7:00 PM – Arrive at KHS