

MIAMI SOUTHRIDGE FIELD TRIP REQUEST CHECKLIST

CHECKLIST MUST BE COMPLETE AND ATTACHED TO FRONT OF REQUEST PACKET

SPONSOR: _____ DESTINATION _____ TRIP DATE(S) _____ TO _____

| TIME LINE | CHECK |
|--|-------|
| In-County (10 business days prior to trip) | |
| Out-Of-County and trips requiring sleeping arrangements (20 business days prior to trip) | |
| Out-Of-State/Country (60 business days prior to trip) | |

| FIELD TRIP PACKET (PAGE 1) | CHECK |
|--|-------|
| Destination address complete (including city and state) | |
| Destination Date AND Time | |
| Name of Group | |
| Name of School Group Sponsor AND Sponsors signature | |
| Number of Students Participating (must match the number of students listed on student roster) | |
| Means of funding trip | |
| Number of Chaperones (must match the number of chaperones listed on chaperone roster) | |
| Purpose of trip | |
| Transportation section complete (Verified approved vendor at http://procurement.dadeschools.net/field-trips.asp) | |
| Private Vehicle Use Form (FM-6298) for EVERY driver with a copy of valid driver license and current insurance card | |
| If using rental vehicles Request for Travel Expense Advance Reimbursement (FM-1104) is attached | |
| Miami Southridge typed in School Field (next to Principal Signature at the bottom of the form) | |

| STUDENT ROSTER | CHECK |
|---|-------|
| Number of students on roster matches the number of students recorded on request (first page). | |
| Name, ID, Grade, Address and Phone listed for all students | |

| CHAPERONE ROSTER | CHECK |
|--|-------|
| 1:15 teacher to student ratio for day trips / 1:10 for overnight trips | |
| Number of chaperones on roster matches the number of chaperones recorded on request (first page) | |
| Volunteer number or MDCPS employee number and levels must be listed | |
| Teacher / Advisor signature on form | |

| PARENT PERMISSION FORM | CHECK |
|------------------------|-------|
| Front & Back complete | |

| INFORMATION FOR OUT OF COUNTY OR OVERNIGHT TRIPS (if applicable) | CHECK |
|--|-------|
| Letter of invitation, sanction, and/or contract | |
| Itinerary- specific departure and return information, hotel address & accommodations, and stops (see sample on web site) | |

| TEMPORARY DUTY | CHECK |
|--|-------|
| Temporary Duty form attached for EACH employee chaperone | |

| SUBSTITUTE COVERAGE | CHECK |
|---|-------|
| Substitute Funds are being provided (complete information below) | |
| Fund _____ Object _____ Location _____ Program _____ Function _____ | |
| Memo explaining coverage information is attached. | |

| CLASS COVERAGE FORM (no substitute coverage provided) | CHECK |
|--|-------|
| Class Coverage Form is attached for EACH employee chaperone (form is located on our web site) | |
| Rosters for each covered class (with room & teacher designation) attached to Class Coverage Form | |

FOR OFFICE USE ONLY

DATE RECEIVED: _____ DATE RETURNED: _____

TRIP DENIED:

- Did not meet deadlines
- Missing Information (resubmit within 24 hours)
- Other: _____