

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	

TEMPORARY DUTY & LEAVE CARD	CHECK
Temporary Duty form attached for EACH employee chaperone	
Leave Card attached for EACH employee chaperone	

SUBSTITUTE COVERAGE	CHECK
Is Substitute Coverage needed? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Are Substitute Funds being provided by an outside program? <input type="checkbox"/> NO <input type="checkbox"/> YES (If YES complete information below)	
Fund _____ Object _____ Location _____ Program _____ Function _____	

CLASS COVERAGE FORM (If 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: _____