

Domestic Field Trip Application

Instructions: All field trips undertaken under the auspices of DCPS must be planned and executed in compliance with the guidelines stated in DCMR, Title V, Chapter 23, Section 2306.1-2306.2 and Directive 310.7. **If timeframes are not met, there is a risk of field trip request not being approved.**

1. Every field trip must have a trip sponsor (a DCPS teacher or other school staff member) responsible for organizing the trip and completing the required paperwork.
2. The trip sponsor must carefully review Directive 310.7 and guidance documents.
3. The trip sponsor must submit this application for each field trip as part of Phase 1 approval:
 - **For Day Trip and Local Trip (<50 Miles)** – please submit this application **60 days prior to departure** to the principal who will review the completed forms and grant Phase 1 approval.
 - **For Overnight Trip or Non-Local Trip (>50 Miles)** – please submit this application (signed by the principal) **90 days prior to departure** to the instructional superintendent who will review the completed forms and grant Phase 1 approval.

Basic Information

Trip Type: Day Trip and Local Trip (<50 Miles) Overnight Trip or Non-Local Trip (>50 Miles)

School Name: _____

Trip Sponsor's Name: _____ Trip Sponsor's Title: _____

E-mail Address: _____ Phone #: _____

Co-Sponsoring Organization(s), if any: _____

Trip Destination: _____

Departure Date & Time: _____ Return Date & Time: _____

Student Supervision/Chaperone Guidelines

1. Grade Levels(s) of Participating Students: _____
2. Number of Students Participating on the Trip: _____ Male _____ Female
3. Number of Students Not Participating on the Trip: _____

4. Number of Chaperones: _____ Male _____ Female
_____ DCPS Staff _____ Parents _____ Other

[Chaperone Guidelines: For Early Childhood and Elementary Students (PK3 – Grade 5) – a minimum of one (1) adult to every 10 students must be provided and for Secondary Students (Grades 6 – 12) – a minimum of one (1) adult to every 15 students must be provided.]

5. I have checked with my school's LEA rep and/or 504 Coordinator to determine if there are any students in need of accommodations and whether full participation in this trip is possible for all students. Yes No

6. A Trained School Employee is needed to travel with students to administer medication. Yes No

7. I need a substitute teacher while we are on the field trip. Yes No

8. Brief description of why student(s) is not participating in field trip and instructional and supervisory arrangements for student(s) not participating in field trip:

Educational Content

9. Priority content standard(s) to be addressed with the field trip (e.g., “Life Science 3.6.3 compare and contrast how life cycles vary for different living things.”):

10. Field trip lesson objectives (e.g., “By the end of the field trip, students will be able to...”):

11. Method of assessment of field trip lesson objective proficiency (e.g., “How you will know if your students learned what you wanted them to learn during the field trip?”):

Total Field Trip Costs

Total Cost Using DCPS Local or Grant Funds: \$_____ (A)

Total Cost Using Private Funds (e.g., student payments, fundraising): \$_____ (B)

Total Trip Costs: \$_____ (Amount should be the sum of A and B above)

Name of Business Manager/DSL/MSL Name: _____
(POC who will enter RQs or facilitate P-Card purchases)

E-mail Address: _____ Phone #: _____

Please list all activities included in your field trip in the chart below.

Trip Cost Breakdown	Purchasing Method/ Funding Source (Check One)	Cost	Vendor	Check Needed Before Trip
Registration/Entry Fees	<input type="checkbox"/> PO/DCPS Local or Grant \$	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> P-Card/DCPS Local or Grant \$			
	<input type="checkbox"/> SAF/Private \$			
	<input type="checkbox"/> Other: _____			
Transportation	<input type="checkbox"/> PO/DCPS Local or Grant \$	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> P-Card/DCPS Local or Grant \$			
	<input type="checkbox"/> SAF/Private \$			
	<input type="checkbox"/> Other: _____			
Lodging/ Accommodations	<input type="checkbox"/> PO/DCPS Local or Grant \$	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> P-Card/DCPS Local or Grant \$			
	<input type="checkbox"/> SAF/Private \$			
	<input type="checkbox"/> Other: _____			
Meals	<input type="checkbox"/> PO/DCPS Local or Grant \$	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> P-Card/DCPS Local or Grant \$			
	<input type="checkbox"/> SAF/Private \$			
	<input type="checkbox"/> Other: _____			

Trip Cost Breakdown	Purchasing Method/ Funding Source (Check One)	Cost	Vendor	Check Needed Before Trip
Other: _____	<input type="checkbox"/> PO/DCPS Local or Grant \$ <input type="checkbox"/> P-Card/DCPS Local or Grant \$ <input type="checkbox"/> SAF/Private \$ <input type="checkbox"/> Other: _____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	<input type="checkbox"/> PO/DCPS Local or Grant \$ <input type="checkbox"/> P-Card/DCPS Local or Grant \$ <input type="checkbox"/> SAF/Private \$ <input type="checkbox"/> Other: _____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Certification of Non-DCPS Funds Collection

For Trip Sponsor:

- I certify that procedures required in Directive 310.7 have been reviewed and will be followed.
- I, the trip sponsor, confirm that I have collected all non-DCPS funds necessary for this field trip. Further, I confirm that these funds are sufficient to meet all financial obligations in excess of the planned DCPS funding. I am aware that according to the Anti-Deficiency Act (31 U.S.C. § 1341), DCPS may not incur any obligations or make any expenditures in excess of available funds. If, for any reason, the total costs of the field trip exceed the sum of the amount committed by DCPS and the amount raised from non-DCPS sources, I will be personally liable for these costs.

 Trip Sponsor’s Signature *(required for all trips)*

 Date

Field Trip Approval

For Principal:

- Approve Disapprove

 Principal’s Signature *(required for all trips)*

 Date

For Instructional Superintendent:

- Approve Disapprove

 Instructional Superintendent’s Signature
(required only for overnight trips or non-local trips >50 miles)

 Date