



Administrative Form 5306
TRAVEL REQUEST FORM
Day, Overnight, Out-of-State and International Travel
(District Sponsored)

Responsible: Office of School Performance

PROCESS

1. Refer to Administrative Manual 5310, Student Travel Procedures Manual, for specific instructions related to student travel – field and activity trips.
2. This form must be submitted for all school/District-sponsored day, extended day, overnight and international student travel, and includes travel for curricular, co-curricular and extra-curricular activities.
 - a. For the purposes of this form, the Donner Lake area is considered in-state travel.
3. Trip approval for school/District sponsored travel must be requested from the Principal pursuant to the following deadlines:
 - a. For day and extended day trips, requests should be made at least eight (8) weeks in advance.
 - b. For overnight trips, requests should be made at least at least twelve (12) weeks prior to the trip. Overnight travel must be approved by the Area Superintendent in the Office of School Performance
 - c. For international travel, requests should be made at least six (6) months in advance. International travel must be approved by the Area Superintendent and the Deputy Superintendent.
4. This form shall be used to explain itinerary; special events; fund-raising activities; meal and housing provision; any benefits to adult supervisors beyond transportation, lodging, and food; and other pertinent information.

5. Please complete:

TRIP TITLE: _____
___ Day ___ Extended Day ___ Overnight ___ International

Staff Member Leading Trip: _____

School/Organization: _____

of Classes/Groups/Teams: _____

of students participating: _____

Destination (city/country): _____

Departure Date and Time: _____

Return Date and Time: _____

Number of Teachers/Staff/Coaches ____; Number of Parents/Guardians/Volunteers ____

TRIP TITLE: _____

Educational Objective(s):

Describe the educational objective(s) for this trip and how the trip relates to the curriculum.

Transportation Type

☐ District Bus/Vehicle ☐ Commercial Transportation: _____
☐ No District Transportation Provided Other: _____

ESTIMATED FINANCIAL PLAN

No funds that have been or are to be deposited with the District can be committed until all needed approval has been obtained.

EXPENSES	TOTAL COST # of participants x \$ per participant = Total Cost (e.g. 13 x \$5 = \$65)	TOTAL COST TO BE PAID FROM:				TOTAL \$	COMMENTS
		Activities Fund	General Fund	Other	Indiv. Students		
Student Transportation							
Student Lodging							
Student Meals							
Student Other – Registration, etc.							
Staff/Chaperon Transportation							
Staff/Chaperone Lodging							
Staff/Chaperon Meals							
Staff/Chaperone Other – Registration, etc.							
Substitutes							
TOTAL	\$					\$	

TRIP TITLE: _____

DETAILED INFORMATION

Explain the itinerary; special events; fund-raising activities; meal and housing provisions; any benefits to adult supervisors beyond transportation lodging and food; and other pertinent information.

Itinerary: (What is the overall plan for this trip?) if necessary, attach detailed itinerary

Special Events/Activities (Examples: parades, concerts, camping, competition/tournament, etc.)

Fund-Raising Activities (Describe how/when/where fundraising for this trip will happen and how you will ensure no student will be denied participation due to lack of funds.) Note: Use of a fundraising organization must be approved by the Purchasing Department.

TRIP TITLE: _____

Meal and Lodging Provisions:

Are you using an Educational Travel Provider or travel agent to plan this trip?
___ Yes ___ No. If yes, provide name of agency and contact information

Other Pertinent Information, to include telephone numbers where all staff and other chaperones can be reached during this trip:

TRIP TITLE: _____

REVIEW AND APPROVAL

Staff Organizer

Signature

Date

Approval(s): (Principal of each participating school must sign.)

Principal

Signature

Date

Area Superintendent
(for overnight travel)

Signature

Date

Deputy Superintendent
(for international travel)

Signature

Date



ATHLETIC TRAVEL

WAIVER OF LIABILITY AND ASSUMPTION OF RISK

I hereby acknowledge that I am the lawful parent or legal guardian of _____ ("child/ward"), who will be participating in a variety of Washoe County School District athletic events and competitions during the 2016-2017 school year, as further detailed in the attached proposed athletic schedule. For any non-scheduled and non-NIAA sanctioned sporting events, I understand I will receive advance notice of each activity, along with the mode of transportation to/from the activity, and will be given an opportunity to decline my child's participation in said activity.

I hereby expressly relieve, indemnify, save, hold harmless, and agree to defend the Washoe County School District, its Board of Trustees, and all its volunteers, agents or employees thereof from and against any and all liability or claims arising from injury or damage, including property loss or damage, suffered or incurred by my child/ward as a result of the acts, omissions, or conduct of any person, including an employee, trustee, volunteer and/or agent of the Washoe County School District and assume all risk associated with participating in the athletic events.

I understand that travel to and from the athletic events can involve risk of injury including but not limited to neck and spinal injuries, and injury to bones, joints, ligaments, muscles, and tendons. I also certify that my child/ward has no ailment or organic defect that would make participation in the sporting activity dangerous to his/her health.

I further agree to assume the responsibility of seeing that my child/ward cooperates and conforms to the fullest extent with the directions and instructions of the individual(s) supervising my child/ward.

I understand it is my responsibility to carry and maintain medical insurance for my child/ward. In the case of an emergency and the parent/guardian cannot be reached, I hereby authorize the Washoe County School District or any of its employees, agents, representatives, instructors, coaches, or volunteers to obtain whatever medical treatment they deem necessary for the welfare of my child/ward. I further understand and agree that I will be financially responsible for all charges/fees incurred in the rendering of said treatment even if such charges/fees are not covered by medical insurance.

I acknowledge that I have reviewed and understand all of the above, and I hereby consent and give permission for my child/ward to participate in the athletic events described in the attached schedule of events.

Date

Parent/Guardian Name (Please Print)

Parent/Guardian Signature



Administrative Form 5308

**STUDENT TRAVEL (FIELD & ACTIVITY TRIP) AND ACTIVITY
WAIVER OF LIABILITY AND ASSUMPTION OF RISK**

I hereby acknowledge that I am the lawful parent or legal guardian of (student name) _____.
On (date) _____,
(school/dept/class) _____ will be participating in a field/activity trip to _____.
Transportation to the field/activity trip will be provided by (school bus/charter bus/approved
driver in private vehicle/foot, etc.) _____.

I hereby expressly relieve, indemnify, save, hold harmless, and agree to defend the Washoe County School District, its Board of Trustees, and all its volunteers, agents or employees thereof from and against any and all liability or claims arising from injury or damage, including property loss or damage, suffered or incurred by my child/ward as a result of the acts, omissions, or conduct of any person, including an employee, trustee, volunteer and/or agent of the Washoe County School District and assume all risk associated with participating in this activity.

I understand that this activity can involve risk of injury including but not limited to neck and spinal injuries, and injury to bones, joints, ligaments, muscles, and tendons. I also certify that my child/ward has no ailment or organic defect that would make participation in this activity dangerous to his/her health.

I further agree to assume the responsibility of seeing that my child/ward cooperates and conforms to the fullest extent with the directions and instructions of the individual(s) supervising my child/ward.

I understand it is my responsibility to carry and maintain medical insurance for my child/ward. In the case of an emergency and the parent/guardian cannot be reached, I hereby authorize the Washoe County School District or any of its employees, agents, representatives, instructors, coaches, or volunteers to obtain whatever medical treatment they deem necessary for the welfare of my child/ward. I further understand and agree that I will be financially responsible for all charges/fees incurred in the rendering of said treatment even if such charges/fees are not covered by medical insurance.

I acknowledge that I have reviewed and understand all of the above, and I hereby consent and give permission for my child/ward to participate in this activity.

☐ I hereby **consent** to my child/ward (name) _____
participating in this field/activity trip and I acknowledge that I have reviewed and understand the above.

OR

☐ I hereby **decline** to allow my child/ward (name) _____
to participate in this field/activity trip.

Date

Parent/Guardian Name (Please Print)

Parent/Guardian Signature