

CONTRACT NAME: AGREEMENT BETWEEN WASHINGTON JOINT UNIFIED SCHOOL DISTRICT AND DAVIS JOINT UNIFIED SCHOOL DISTRICT

BRIEF DESCRIPTION OF CONTRACT: This agreement provides round trip transportation for all North Davis Elementary School transitional kindergarten and kindergarten students to visit a local pumpkin patch on Wednesday, October 24.

FISCAL IMPACT: Donations from the North Davis Elementary PTA fund this trip.

**WASHINGTON UNIFIED SCHOOL DISTRICT**  
**Transportation Request**

SCHOOL North Davis Elem. DEPT. /GRADE Kindergarten DATE 9/11/2018  
DESTINATION/ADDRESS Bobby Dazzlers Pumpkin Patch / Co Rd. 99D, Woodland, Ca  
NUMBER OF STUDENTS 91 NUMBER OF ADULTS 5 NUMBER OF BUSES (2)  
10:00 AM 11:00 AM wednesday, Oct. 24  
SCHOOL DEPARTURE TIME SCHOOL RETURN TIME TRIP DAY AND DATE  
(NOT BEFORE 8:30AM)  
BUDGET CODE (MANDATORY) \_\_\_\_\_

FOR CATEGORICAL PROGRAMS ONLY: This expenditure is related to the funding source,

PLEASE NOTE: A ROSTER WITH EMERGENCY INFORMATION MUST BE PRESENT ON THE FIELD TRIP

chicoine / 9/11/2018  
TEACHER'S NAME / DATE

gal  
SITE ADMINISTRATOR'S SIGNATURE / DATE

DISTRICT APPROVAL (CATEGORIAL/OTHER) \_\_\_\_\_

TRANSPORTATION APPROVAL \_\_\_\_\_

ADDITIONAL REQUESTER INFORMATION:

PLEASE NOTE: **THIS TRANSPORTATION REQUEST IS NOT APPROVED UNTIL ALL SIGNATURES ARE PRESENT**

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TRIP EMERGENCY PROCEDURE VERIFICATION: STARTING TIME: \_\_\_\_\_ ENDING TIME: \_\_\_\_\_

DRIVER: \_\_\_\_\_ BUS NUMBER \_\_\_\_\_

YARD	TIME IN	MILEAGE IN	TIME OUT	MILEAGE OUT	TOTAL MILEAGE

TIME ARRIVED SCHOOL	TIME DEPART SCHOOL	TIME ARRIVE DESTINATION	TIME DEPART DESTINATION	TIME ARRIVED BACK TO SCHOOL

TRIP COMPLETED \_\_\_\_\_

DRIVER'S SIGNATURE

DATE

(OFFICE USE ONLY)

MILEAGE CHARGE \_\_\_\_\_ RATE \_\_\_\_\_ COST \_\_\_\_\_

DRIVING HOURS \_\_\_\_\_ RATE \_\_\_\_\_ COST \_\_\_\_\_

OVERTIME \_\_\_\_\_ RATE \_\_\_\_\_ COST \_\_\_\_\_

TOTAL WORKDAY HRS \_\_\_\_\_  
(M.O.T. INFORMATION ONLY)

TOTAL COST \_\_\_\_\_

DAVIS JOINT UNIFIED SCHOOL DISTRICT  
Field Trip Request Form (Form 1b)

For day trips and walking trips

Teacher(s) TK/ Kinder Garden Teachers Date of submission 9/11/2015  
Grade or Group K/TK Jacobson, Lengtat, Sorensen, Nicholson School NDE  
Destination Bobby Dazzlers Pumpkin Patch  
Mode of Transportation BUS

Educational Objective (include how student learning will be evaluated):

Life cycle of a plant, see where pumpkins grow, ag. area, see/pet small animals, listen/follow directions  
Itinerary: 10:00am board bus, 10:30 arrive at patch, ride a bus tour, 11:30 leave, 11:50 return

If this trip includes water activities, did the parent permission form include that information? Yes ☐ No ☐ N/A

Total number of students: 91 Total number of adults accompanying students: 5

Total number of students on health plans that require medication: 2 — Sorensen - Sonia Whitby  
Lengtat - Calvin Russell

Identify school staff member with current CPR certificate (attach copy) Karen Jacobson, Lisa Lengtat  
Cost per student: 5 How will trip costs be covered? PTA Funds April 2019 April 2019

(note: classroom/school funds will be used to cover costs for any student who cannot or does not contribute the requested donation.  
No student will be excluded from any school-sponsored trip for financial reasons.)

Will field trip lunches be ordered from Student Nutrition Services? NO

Date(s) of Trip Wednesday, Oct. 24

Departure 10:00 am Return 11:50 am

I certify that all aspects of this trip will be in compliance with Board Policy.

Teacher Signature: Kochice

Principal Approval: Amal

Keep on file in school office

☒ This trip is approved. Please proceed with planning.

☐ Please see me. I need clarification.

☐ This trip is not approved for the following reasons: \_\_\_\_\_

Amal  
Principal's Signature

\_\_\_\_\_ Date

Due in the office by 8:00 10-17-18  
\*Original student permission slips



## STUDENT FIELD TRIP AUTHORIZATION

**No student will be permitted on the Field Trip unless this completed and signed Authorization is submitted to the Supervising Teacher, Sponsor, or School Main Office at least 48 hours prior to Field Trip.**  
**Verbal Authorizations, or Authorizations not on this form, cannot be accepted.**

* Student Name:	School: <u>North Davis Elementary</u>
* Parent/Guardian Name:	Home/Cell/Work Telephone: _____ (Best way to reach you during trip)
* Emergency Contact & Telephone No. (other than parent): _____	
Field Trip Destination:	<u>Bobby Dazzler's Pumpkin Patch</u>
Field Trip Date:	<u>Wednesday, October 24</u> Suggested Contribution: <u>\$25/student/year</u>
Expected Departure Time:	<u>10:00 a.m.</u> Expected Return Time: <u>11:50 a.m.</u>
Method of Transportation:	<u>Bus</u> Supervising Teacher/Sponsor: <u>Sorensen, Chicoine, Nicholson, Jacobson &amp; Lengtat</u>
Physician's Name: _____	
Physician's Address & Phone: _____	
* Medical Conditions/Medications: _____	
Medical or Patient ID Number: _____	
<b>FOOD SERVICE: Is a sack lunch required for this activity?</b> (Sponsor, please check) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Parents:</b> If a sack lunch is required (7 day notice) for this activity, they are available through Food Service <u>or</u> you may bring your own sack lunch.	
N/A <input checked="" type="checkbox"/> Yes - I would like to order a sack lunch from the cafeteria (payment** must be attached to this permission form) <input type="checkbox"/> My student has a Peanut Allergy	
<input type="checkbox"/> No - I will send a sack lunch from home with my student (**Federal Lunch Program rules and procedures remain in place for sack lunch requests)	

PRINCIPAL'S SIGNATURE: \_\_\_\_\_

By signing below, I acknowledge and agree as follows:

1. Participation in this Field Trip is voluntary and is a privilege. I understand that the student has the right and ability to remain at school instead of participating in the Field Trip. I request that the Student be allowed to participate in the Field Trip, under the supervision of the Supervising Teacher/Sponsor and/or adult chaperones, with transportation to be provided in the described manner (which may include transportation in non-District owned/operated vehicles).
2. California Education Code Section 35330 states that: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." I understand and agree that I cannot hold the District, its officers, agents, or employees liable for any claim arising out of, or which is in some manner connected with, the Student's participation in this Field Trip. [Adults participating in out-of-state Field Trips must also sign a statement waiving such claims.]
3. The Supervising Teacher or Sponsor will discuss Field Trip rules and safety requirements with students and adult chaperones prior to the Field Trip, which may include dangerous or hazardous conditions or circumstances exposing the Student to potential harm or injury, potentially including death. Students are required to obey all rules and safety requirements of the Field Trip, as well as Codes of Conduct and general standards for respect of persons and property and good behavior. I understand and agree that failure of the Student to follow Field Trip rules or safety requirements may result in the Student being sent home, at my expense, and that the Student may be barred as a result from future Field Trips.
4. Emergency medical information regarding the Student is on file with the District and is current. (Provide updated information before the trip, if necessary) If an injury or medical emergency occurs during the Field Trip, a Supervising Teacher, Sponsor or Chaperone has my express permission to administer or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.
5. The suggested contribution is the District's estimated cost for your student to participate in this field trip. No student will be excluded from the field trip due to an inability to contribute toward such costs. Please contact the supervising teacher or the school office for more information. Contributions may be received by the supervising teacher or the school office.

\* Parent/Guardian Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date Received by School: \_\_\_\_\_

Received by: \_\_\_\_\_

Supervising Teacher/Sponsor shall take a copy of this form on the Field Trip/The original Form will remain on File with the Main Office for a period of no less than one (1) year after the date of the Field Trip

PO/REQ Quick View

Year: 2019 Requisition No: 191027 Purchase Order No: 000000 Stores:

Vendor No/Addr: 013753/00 WASHINGTON UNIFIED SCHOOL DIST

ATTN: DISTRICT BOOKKEEPER

930 WESTACRE ROAD

WEST SACRAMENTO CA 95691

Site: 0012 N DAVIS Submitted by: S.ROSEEN / K.Chicoine

Desc: bus for K field trip

Vendor Phone: (916) 375-7600

Ship Address: 0012 NORTH DAVIS ELEMENTARY SCHOOL

555 E. 14TH STREET

DAVIS CA 95616

Item	Split	Ordered/	Received	Unit	Unit Cost	Total Cost	Discount	Tax
Stock No F								
1	P	2.00/	0.00	ea	170.0000	340.00	.00	N
000000	N							
		01-300-112-9010-0-1110-1000-5830-4419			100.0000%	340.00		
		Bus for kindergarten field trip to						
		Pumpkin Patch						

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Please send white copy to NDE

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Account Summary:

Ln	FD	BDR	SCH	RESC	Y	GOAL	FUNC	OBJT	TYPE	Amount
1										340.00
Total:										340.00