



**COLTON-REDLANDS-YUCAIPA ROP  
FIELD TRIP REQUEST CHECK LIST**

Teacher & Campus

Contact Number

Field Trip Destination

Field Trip Date


**To Be Completed By Teacher**

Completed	Process	Notes
	Complete & submit CRY-ROP Field Trip Request packet to PSS	
	Submit list of chaperones to PSS (1 chaperone/15 students)	
	Submit list of students expected to attend to PSS	
	Submit school's field trip paperwork to campus admin	
	Substitute Request Submitted - AESOP	
	Permission slips on file for students	

**To Be Completed By Program Support Specialist (PSS)**

Completed	Process	Notes
	Receive "Field Trip Request" packet	
	Review packet for completion	
	Get Program Manager Signature	
	Get Superintendent Signature (include backup)	
	Request transportation	
	Submit requisition for transportation (backup to Business Department)	
	Complete registration	
	Submit requisition for registration (backup to Business Department)	
	Submit Board Agenda item	
	Submit Work Order (virtual field trip only)	
	Social Media Submission	



COLTON-REDLANDS-YUCAIPA  
REGIONAL OCCUPATIONAL PROGRAM  
**FIELD TRIP REQUEST**

Basic Information

Teacher: \_\_\_\_\_ Program: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Date of Trip: \_\_\_\_\_

Event/Location Name: \_\_\_\_\_

Substitute Request (*check one*): ( ) Submitted through AESOP ( ) Not Needed

Justification for Field Trip:

Regular Field Trip

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Time Depart to Event: \_\_\_\_\_ Time Depart from Event: \_\_\_\_\_

Transportation Method: \_\_\_\_\_ Arranged by (*Check one*): ( ) ROP Staff ( ) Teacher/District

Transportation Company: \_\_\_\_\_ Phone #: \_\_\_\_\_ Confirmed By: \_\_\_\_\_

Number of students expected to attend: \_\_\_\_\_ (*Please attach a list*)

Number of chaperones to attend (*1 chaperone per 15 students*): \_\_\_\_\_ (*Please attach a list*)

\*Parent, guardian, and volunteers must complete the chaperone authorization form(I-102) and submit the Megan's Law Volunteer Background Check Form and proof of TB clearance.

Parent Permission/Liability Release on file? (*required for high school students*): ( ) Yes ( ) Not Applicable

ONLY COMPLETE THIS SECTION FOR VIRTUAL FIELD TRIPS

Virtual Field Trip

Provider Name: \_\_\_\_\_ Site: \_\_\_\_\_ Room #: \_\_\_\_\_

Period(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Number of students expected to attend: \_\_\_\_\_

Parent Permission on file? (*required for high school students*): ( ) Yes ( ) Not Applicable

List Core Teachers that will participate (*Please include teacher name and subject taught*):

Expenses	ESTIMATED STUDENT EXPENSES		ACTUAL STUDENT EXPENSES <i>(receipts must be attached)</i>	
	Registration Fee(s): _____ at \$ _____	\$ _____	Registration Fee(s): _____ at \$ _____	\$ _____
	Transportation Expense:	\$ _____	Transportation Expense:	\$ _____
	Other <i>(describe)</i> : _____	\$ _____	Other <i>(describe)</i> : _____	\$ _____
	<b>Subtotal Student Expenses:</b> \$ _____		<b>Subtotal Student Expenses:</b> \$ _____	
	ESTIMATED TEACHER/CHAPERONE EXPENSES		ACTUAL TEACHER/CHAPERONE EXPENSES <i>(receipts must be attached)</i>	
	Registration Fee(s): _____ at \$ _____	\$ _____	Registration Fee(s): _____ at \$ _____	\$ _____
	Transportation Expense:	\$ _____	Transportation Expense:	\$ _____
	Other <i>(describe)</i> : _____	\$ _____	Other <i>(describe)</i> : _____	\$ _____
	Substitute: _____ hour(s) at \$25 p/ hour	\$ _____		
<b>Subtotal Teacher Expenses:</b> \$ _____		<b>Subtotal Teacher Expenses:</b> \$ _____		
<b>TOTAL ESTIMATED EXPENSES:</b> \$ _____		<b>TOTAL ACTUAL EXPENSES:</b> \$ _____		
Expenses funded by students: \$ _____		<b>LESS TRAVEL ADVANCE:</b> <b>-\$</b> _____		
Expenses funded by CTSO: \$ _____		<b>TOTAL CLAIM (amount to be reimbursed):</b> \$ _____		
<b>TOTAL ESTIMATED EXPENSES FUNDED BY CRY-ROP:</b> \$ _____		I CERTIFY, UNDER PENALTY OF PERJURY, THE FOREGOING STATEMENTS TO BE TRUE AND CORRECT.		
		_____ Signature of Claimant	_____ Date	

_____ Program Manager Approval	_____ Date	_____ Superintendent Approval	_____ Date
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**Colton-Redlands-Yucaipa  
Regional Occupational Program**

**FIELD TRIP AUTHORIZATION**  
(CONSENT FOR STUDENT TO PARTICIPATE AND BE  
TRANSPORTED TO ACTIVITIES/EVENTS/TRIPS)

**TO BE COMPLETED BY TEACHER**

Name of Student: \_\_\_\_\_

Person in Charge/Teacher: \_\_\_\_\_ Class Title: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time: Departure/Return: \_\_\_\_\_ / \_\_\_\_\_

Destination to: \_\_\_\_\_ Leaving from: \_\_\_\_\_

Mode of Transportation:  Private Auto  School Bus  Other \_\_\_\_\_

Purpose: \_\_\_\_\_

**TO BE READ AND COMPLETED BY PARENT/GUARDIAN OR ADULT STUDENT**

I fully understand that all participants are to abide by all rules and regulations governing conduct during this activity. It is understood that any one determined to be in violation of these behavior standards may be sent home at the parent's/guardian's, or adult student's own expense.

I understand and acknowledge that as provided in Education Code section 35330, by consenting to allow my child, or myself as an adult student, to participate in this activity, I shall by law be deemed to have given up all claims against the CRY-ROP, and the school district at which the CRY-ROP program is located, and each of its officers, employees and agents, and the State of California, for any injury, accident, illness or death occurring during or by reason of this activity. I also agree to relieve the CRY-ROP, and the school district at which the CRY-ROP program is located, of any responsibility for damage to or loss of personal property occurring during or by reason of this activity.

By signing this form, I acknowledge that my student may be a passenger in a private car (not driven by a student), and hereby give my permission for that transportation to take place.

In the event of any illness or accident, I give CRY-ROP full authority to obtain such medical treatment and/or surgery from a licensed physician and/or surgeon as deemed necessary for the welfare of my student or myself as an adult student.

\_\_\_\_\_ *In the event of illness or accident, please contact:*

Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Name \_\_\_\_\_

Group Number \_\_\_\_\_ Address \_\_\_\_\_

Name of Insured \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ Possible Medical Problems (Allergies, etc....)

\_\_\_\_\_ List Any Necessary Medications

\_\_\_\_\_ **SIGNATURE OF PARENT/GUARDIAN, or ADULT STUDENT** \_\_\_\_\_ **DATE**

**Original to:** Program Manager

**Copy to:** Teacher & Program Support Specialist



Colton-Redlands-Yucaipa  
Regional Occupational Program

**REQUEST AND AUTHORIZATION FOR USE OF  
DRIVER AND PRIVATE VEHICLE FOR A SCHOOL EVENT OR TRIP**

Authorization is hereby requested for use of volunteer driver(s) in private vehicles for the following special trip(s):

Date(s): \_\_\_\_\_ Time: Departure/Return: \_\_\_\_\_

Destination to: \_\_\_\_\_ Leaving from: \_\_\_\_\_

Purpose: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Class Title: \_\_\_\_\_

It is understood that this trip is subject to the following conditions:

1. The driver's personal automobile insurance policy shall provide primary coverage.
2. The trip must be optional and students under 18 cannot attend without prior consent of the parent or guardian (see Field Trip Authorization Form).
3. The driver(s) shall hold a valid California driver's license. *(Please attach copy)*
4. The driver shall be covered by an automobile insurance policy with minimum coverage of: Public Liability & Bodily Injury - \$100,000/300,000 per accident; Property Damage - \$50,000 per accident; Medical Payments - \$2,000. *(Please attach copy)*
5. Seat restraints must be available for all passengers. Vehicles must not be overloaded.
6. Vehicles must be registered in California and be in proper mechanical condition.
7. Completion of an appropriate CRY-ROP Field Trip and Chaperone Authorization Form (when needed) for each participant.
8. The transporting of pupil personnel is limited to vehicles which meet the requirements for transporting passengers contained in the motor vehicle code of the State of California. The transporting of pupil personnel in pick-up trucks or vans equipped with substandard passenger accommodations is expressly prohibited.

I agree to accept the responsibilities involved with this trip and certify that I will comply with the conditions listed above.

\_\_\_\_\_  
Driver's Signature (Name as shown on driver's license)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver's Address

\_\_\_\_\_  
California Driver's License Number

\_\_\_\_\_  
Driver's Telephone Number

\_\_\_\_\_  
Automobile License Number

\_\_\_\_\_  
Name of Insurance Company and Policy Number

<b>Authorization is hereby _____ granted/ _____ denied for _____ to transport a maximum of _____ students in his/her private automobile at the date and time and to the destination specified above.</b>	
_____ Program Manager Approval	_____ Date
_____ Superintendent Approval	_____ Date

**Original to:** Program Manager

**Copy to:** Teacher, Program Support Specialist, Driver



Colton-Redlands-Yucaipa  
Regional Occupational Program

**CHAPERONE AUTHORIZATION**

I, \_\_\_\_\_, am going as a  parent,  guardian,  volunteer, to  
Print Name

\_\_\_\_\_ on \_\_\_\_\_ on the  
Location Date

\_\_\_\_\_ field trip or excursion sponsored by the Colton-Redlands-Yucaipa Regional Occupational Program (CRY-ROP). I understand and acknowledge that as provided in Education Code Section 35330, by participating in this activity, I shall by law be deemed to have given up all claims against the CRY-ROP, and the school district at which the CRY-ROP program is located, and each of its officers, employees and agents, and the State of California, for any injury, accident, illness or death occurring during or by reason of this activity. I also agree to relieve the CRY-ROP and the school district at which the CRY-ROP program is located, of any responsibility for damage to or loss of my property occurring during or by reason of this activity.

In the event that I am unable to authorize necessary medical treatment and/or surgery due to illness or accident, I hereby give the employee in charge of said field trip or excursion authorization to obtain such medical treatment or surgery from a licensed physician or surgeon for my welfare.

Emergency Contact Person and Phone Number: \_\_\_\_\_

Health Care Provider and Phone Number: \_\_\_\_\_

Insurance Carrier/Policy Number/Group Number: \_\_\_\_\_

Other (Allergies, Medical Concerns, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- |  |
|--|
| <p><b>Please submit the following 5 days prior to the field trip or excursion:</b></p> <ul style="list-style-type: none"> <li>• <b>Copy of Driver’s License or Photo ID</b></li> <li>• <b>Megan’s Law Volunteer Background Check form</b></li> <li>• <b>Proof of TB clearance</b></li> </ul> |
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**Original to:** Program Manager

**Copy to:** Teacher, Program Support Specialist, Individual



Colton-Redlands-Yucaipa Regional Occupational Program  
1214 Indiana Court, Redlands, California 92374 (909) 793-3115

**Megan’s Law Volunteer Background Check**

To provide a safe and protective environment for students, the Colton-Redlands-Yucaipa ROP is using the Megan’s Law database to complete background checks on school volunteers. This database identifies adults who are registered sex offenders.

Because you are interested in volunteering at a school site, you are subject to a background check utilizing the Megan’s Law database.

Thank you for your cooperation in increasing the district’s ability to protect our students’ safety.

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I acknowledge that I am not a registered sex offender and the Colton-Redlands-Yucaipa ROP will check the Megan’s Law public database to confirm this. This form can be used throughout the school year to review my status.

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Volunteer’s Name (please print): \_\_\_\_\_

Volunteer Address: \_\_\_\_\_  
Number Street City Zip

Volunteer’s DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only

Date background check completed \_\_\_\_\_

Clearance approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Completed by: \_\_\_\_\_