

Request for Field Trip Approval Form

This form must be received and approved by the Central Office Administrator prior to the announcement of the requested field trip.

☐ GENERAL INFORMATION:Date of Request: 02.27.24Field Trip Location: Washington D.C.Start Date of Requested Field Trip: May 15, 2024End Date of Requested Field Trip: May 17, 2024School: Charles H. Bruce ElementarySchool Group: 4th and 5th GradeProposed Number of Students: 20Proposed Number of Adults: 5Field Trip Paid By: ARP FundsTrip Tracker ID #: AT-03028Organizing Teacher #1: Kizzie Lott

Contact #: _____

Organizing Teacher #2: Quanterica Uriah

Contact #: _____

Other School Personnel: Bria Smith

Contact #: _____

Other School Personnel: Keia Simmons

Contact #: _____

☐ DESTINATION: Please provide a detailed schedule of any stops. Trip itinerary attached☐ Educational Purpose of Field Trip: Expose students to historical experiences in the nation's capitol.☐ COST: Proposed Amount Requested from Students (please give a complete breakdown of costs):Student will incur no cost.k1 A permission slip will be distributed to all parents that includes the following statement: No student will be denied participation due to the inability to pay or raise funds.k1 A copy of an emergency information card for every student including updated contact numbers, any known allergies, any known medical conditions, physician, and insurance information will be taken on the projected field trip.k1 The necessary professional leave of absence requests will be submitted via Aesop according to the established guidelines of the Professional Learning Department.☒ TRANSPORTATION: Time Bus(es) to pick up at School: _____ Time Bus(es) To Return to School: _____

According to the Bibb County School District Field Trip Guidelines, there are only three modes of transportation that will be considered for approval. This projected field trip will utilize the following mode of transportation:

☐ Parent/Legal Guardian Will Transport His/Her Own Child

_____ The following statement is a true statement regarding the projected field trip: "Each individual parent or legal guardian will transport his or her own individual child and will be responsible for his or her own individual child for the field trip in its entirety." The preceding statement will be included on the parent permission slip. If initialed, move directly to the Affirmation section.

☐ School Bus Number of Buses Proposed: _____

If a school bus is requested and you have proposed a school-based driver, i.e. coach with a CDL, provide their name(s) below. Note: school-based bus drivers must be approved by the Transportation Department.

1. _____ School: _____

2. _____ School: _____

☒ Charter Bus Number of Buses Proposed: 1 Charter Bus Company: Kelly Tours☒ The proposed charter bus company is an approved carrier☒ Proof of insurance valid through the end of the requested field trip is attached for the proposed charter bus company. (Proof of insurance must be considered and may be required to be submitted when any mode of transportation is proposed to be utilized other than a school bus).

☒ CHAPERONES

KL Chaperone guidelines are met with at least one chaperone with every ten students for the duration of the day field trip.

KL Criminal Background Check Authorization Form approval(s) for non-Bibb BOE chaperone(s) projected to chaperone will be received before requested day field trip.

KL Chaperone guidelines are met with at least one chaperone with every five students for the duration of the overnight field trip or out-of-state field trip.

KL Fingerprinting approval(s) for non-Bibb BOE chaperone(s) to chaperone an overnight field trip will be received before an overnight field trip.

☒ GENERAL PRECAUTIONS

KL Each attending teacher is responsible for each student attending the field trip; however, each chaperone will have a group of students under their direct and close supervision for the duration of the projected field trip.

KL A teacher and chaperone orientation will be conducted and signatures obtained to indicate the teachers and chaperones received the necessary orientation prior to the requested field trip. A copy of the orientation guidelines should be stapled to the orientation sign-in sheet and kept on file at the school.

KL The Principal will have the contact number(s) for each teacher and chaperone attending prior to the field trip.

KL Roll checks will be conducted each time students enter or leave the bus and enter or leave a destination.

KL Monitoring provisions and safety precautions will be discussed with each chaperone prior to the requested field trip. Each chaperone has the contact number(s) for the organizing teacher(s).

KL Monitoring provisions and safety precautions will be submitted to the Principal in detailed written form for his or her approval prior to the requested field trip.

KL The bus route for this trip will be submitted to the Principal prior to the requested field trip.

KL Prior to the requested field trip, proper arrangements will be made at the school for the administration of medication while on the projected field trip according to the Bibb County School District Field Trip Guidelines.

KL Emergency meeting locations will be discussed with students and chaperones prior to the requested field trip.

KL Swimming will not be allowed during the field trip and field trip participants will not be allowed in the pool area.

KL A standard first aid kit will be on each bus.

KL The organizing teacher will assign each student a "buddy" of the same gender for the duration of the field trip.

☒ OVERNIGHT FIELD TRIP REQUEST AND/OR OUT-OF-STATE REQUEST

KL The organizing teacher will ensure that all Pay-Per-View Movies will be disabled in all rooms prior to arriving at the hotel.

KL The organizing teacher will ensure that all long distance calling features will be disabled in all rooms prior to arrival at the hotel. Room to room calling will be provided and allowed in case of emergency. Room numbers of each teacher and chaperone will be provided to students in case of emergency.

KL All student doors will be taped and initialed for overnight by the organizing teacher at the final room check. The organizing teacher will remove the tape during the wake-up call and will ensure that all students are accounted for.

KL Student doors will be monitored overnight by teachers, chaperones, or by a security guard who has background check approval through his or her employing company.

KL Teachers will not share a hotel room with students other than when a parent or legal guardian to child relationship exists.

KL Chaperones will not share a hotel room with students other than when a parent or legal guardian to child relationship exists.

KL Individuals of one gender will not be allowed in the room of the opposite gender.

KL A detailed Overnight Safety Plan will be submitted to the Principal for review and approval in advance of the projected field trip.

KL A proposed itinerary (complete with as many details as possible) is attached. A final itinerary (complete and detailed with every moment packed with details for the entire time) will be submitted to the Principal two weeks prior to the requested field trip.

KL If students are to travel overnight on a bus, one gender will be seated at the front of the bus with the other gender at the rear of the bus with teachers and chaperones dispersed throughout the bus.

Affirmation

As the Principal and as the organizing teacher, respectively, I have reviewed the requested field trip and confirmed that all information included in the Bibb County School District Field Trip Guidelines has been addressed and I affirm that all required items indicated on this form are included and will be sent to the Central Office Administrator (requested day field trips) or Ben Bridges (all requested overnight field trips) a minimum of four weeks prior to the requested start date of the requested field trip. **If applicable: I affirm that for presentation to be made to the Bibb County Board of Education, this Request for Field Trip Approval Form for an overnight field trip that is also an out-of-state field trip will be sent as an overnight field trip request at least ten weeks prior to the start date of the field trip.** I understand that approval of this requested field trip is also the method of approval for student instructional absences.

As the Principal, I approve the field trip.

Teacher's Electronic Signature: **Kizzie S. Lott**

Digitally signed by Kizzie S. Lott
Date: 2024.02.27 11:39:24 -05'00'

Principal's Electronic Signature: **Kizzie S. Lott**

Digitally signed by Kizzie S. Lott
Date: 2024.02.27 11:39:12 -05'00'

Determination of Central Office Administrator:

☐ Approved

☐ Disapproved

Electronic Signature of Central Office Administrator for Zone:

Once considered for approval and the electronic signature of the Central Office Administrator is affixed, transmit this electronic document via e-mail to the requesting Principal and Barbara Addison (Barbara.Addison@bcsdk12.net), Field Trip Coordinator, Transportation Department.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/7/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER TIB Transportation Insurance Brokers, LLC 425 W. Broadway Suite 300 Glendale CA 91204-1269	CONTACT NAME: Marcie Ramos PHONE (A/C, No, Ext): 818-246-2800 E-MAIL ADDRESS: mramos@acrisure.com FAX (A/C, No): 818-246-4690
INSURED Kelly Tours, Inc. All Ways Savannah, LLC dba Gray Line Savannah 2788 US Hwy 80 W, Garden City GA 31408-2930	INSURER(S) AFFORDING COVERAGE INSURER A : Carolina Casualty INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
License#: L081975 KELLTOU-01	NAIC # 10510

COVERAGES**CERTIFICATE NUMBER:** 1256051532**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	Y		KCA26630482	9/28/2023	9/28/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	☐ AUTOMOBILE LIABILITY ☒ ANY AUTO ☒ ALL OWNED AUTOS ☒ HIRED AUTOS ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS	Y		KCA26630482	9/28/2023	9/28/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	☐ UMBRELLA LIAB ☐ EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	☐ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as additional insured as respects to the operations of the named insured.

CERTIFICATE HOLDER**CANCELLATION**

Westside High School
2851 Heath Rd
Macon GA 31206

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE