



Field Trip Authorization Request Form

(To be submitted to principal/department administrator for approval three (3) weeks prior to field trip.)

School/Department KMS/BAND

Originator/Grade Level HAGG / 6-8

Date(s) of Trip 18 MAY - 20 MAY 2019

Destination VICTORIA, BC, CANADA / BREMERTON / POUSETO

(NEW) Name GREATER VICTORIA FESTIVAL SOCIETY

Address 620 VIEW ST #306, VICTORIA, BC, CANADA V8W 1Y5

Phone (250) 382-3111 Contact Person KELLY KURTA - FESTIVAL PARADE COORDINATOR

Departure/Return Time 0815AM (SAT) 1030PM (MONDAY)

If applicable: Out-of-State/Country Overnight

Ferry Location and Times BLACKBALL 5:20 PM (SAT) 7:30 PM (MONDAY) PORT ANGELES

Billing Information

Purchase Order KMS BAND BOOSTERS

Check

Type of Transportation

School Bus Requested - Complete School Bus Transportation Request Form (2320F-1)

Commercial Vehicle: Type BLACKBALL FERRY

Use of Private Vehicle - Complete Approval for the Use of Private Vehicle (2320F-3)

Other: Type _____

Cost:	No. of Adults	<u>20+/-</u>	Admission:	Each	_____	Total	_____	
	No. of Students	<u>90+/-</u>	Admission:	Each	_____	Total	_____	
			Transport:	Each	_____	Total	_____	
			Ferry:	Each	_____	Total	_____	
			Other:	_____	Each	_____	Total	_____
			Grand Total:		_____	_____		

Administrator Approval: _____ Date: _____

(Both overnight and out-of-country/out-of-state trip proposals are to be submitted to the superintendent/designee for approval.)

Superintendent/Designee: _____ Date: _____

Distribution:
 Original to Principal
 Copies to: Canary-Teacher
 Pink--Superintendent Designee for overnight and out-of-state trips

KMS FIELD TRIP DETAILS

Staff Name: HAAG, JEFF Class/Club: BAND

When did you complete medical training? LAST YEAR (Contact school nurse for training)

Emergency phone number during trip: 360-271-5073

Date(s) of field trip: 18-20 MAY 2019 Destination: _____ Missed periods: 0 1 2 3 4 5 6

Estimated trip cost: to Individual student \$ 325.00+/-
to group ASB account \$ _____ Act#/Name _____
to group building fund \$ _____ Act#/Name _____
to Booster group \$ _____
TOTAL Estimated cost for trip \$ _____

*See office manager assistance

Purpose/Learning Objective for trip: LEARN TO WORK TOGETHER AS A TEAM AND PRESENT A FINISHED MARCHING PERFORMANCE WITHIN AND OUTSIDE THE UNITED STATES

How will students demonstrate new learning based on the objective?
PERFORMANCE ASSESSMENT THRU VIDEO RECORDINGS / CONCERTS / REFLECTIONS / DISCUSSING FEEDBACK FROM CROWD MEMBERS

Number of students attending: 90+/- Number of chaperones attending: 20+/-

JEW *List of chaperones (all volunteers must have forms submitted to the district): _____

TBA
AVERAGE 20 CHAPERONES. CHAPERONES ARE ALL CLEARED BY NIKSD. APPROPRIATE RATIO OF 1 PER 8 STUDENTS

*If trip is overnight, you must have a proportional number of male/female chaperones to match the number of students.

For Official Use

- _____ KMS Trip Detail
- _____ NKSD Field Trip Authorization (2320F-5)
- _____ School Bus Transportation (320 F-1) or Private Vehicle (2320F-3)
- _____ Request for Meeting/Conference Form (if missing work)
- _____ Itinerary (if overnight)
- _____ APPROVED _____ DENIED

Comments:

Principal/Administrator: _____

Date: _____

North Kitsap School District No. 400

Field Trip Permission Form

(Informed Consent Form*District Curricular/Co-Curricular/Interscholastic Activities)

Student Name: _____ Date: 15 APR 2019

I. **GENERAL INFORMATION** (return this form to your child's school before 25 APR 2019 and keep any attachments for your information.)

The KINGSTON MIDDLE SCHOOL CAVALIER MARCHING CORPS is planning a trip to BREMERTON/POULSBY/VICTORIA, BC, CANADA

The purpose of this trip is TO PERFORM IN LOCAL & INTERNATIONAL PARADES

Trip destination BREMERTON/POULSBY/VICTORIA BC Phone 250-382-3111

Address GREATER VICTORIA FESTIVAL SOCIETY, 620 VIEW ST #306 VICTORIA, BC CANADA V8W 1Y5 Place of lodging TBD

We will leave from KMS date/time 0815 18 MAY 2019

We will return to KMS date/time 2230 20 MAY 2019

Itinerary attached List of items needed attached

Attending: Number of students 90+/- Number of adults 20+/-

Type of Transportation: District Vehicle District Bus Private Vehicle * NO DISTRICT transportation provided

Commercial Transportation (describe) BLACKBALL FERRY Other (describe) _____

* By signing this permission form parents/guardians accept responsibility for insuring that their student arrives to the designated departure area on time and is picked up at the specified pick up location on time.

II. MEDICAL INFORMATION (Completed by Parent/Guardian)

Medical Information:

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

The following medications, prescriptions, or special diets are needed:

Medical Release:

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent immediately. However, if I am not available, I authorize the school district to secure emergency medical care, as needed.

Name of preferred doctor _____ Phone _____

Name of insurance carrier _____ Policy Number _____

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. Although I understand that the school district will make reasonable efforts to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. Being fully aware of the risks, I hereby give consent for my child to participate in the activity.

Parent name, please print _____ Home Phone _____

Home Address & City _____ Work Phone _____

Parent/Guardian Signature _____ Emergency Phone _____

PRIOR ARRANGED ABSENCE FORM

Kingston Middle School

DIRECTIONS

- STEP 1:** Complete required absence/trip information below.
- STEP 2:** Have teachers sign this form. Teacher signature acknowledges that they have received notification of this absence and that they have discussed with you the possible effects this absence could have on your performance and/or grade in their class.
- STEP 3:** Have parent/guardian sign this form. Parent signature indicates that he/she agrees that the student is allowed to be absent.
- STEP 4:** Return this form to the attendance office prior to the absence.

Student Name: _____ Purpose of Absence: KMS BAND TRIP TO VICTORIA

Date(s) of Absence: 20 MAY 2019 Time: Leave ALL Return DAY

Periods Missed: Core 1 2 3 4 5 6

<i>(Teachers: initial appropriate space)</i>	Per 1	Per 2	Per 3	Per 4	Per 5	Per 6	Per 7/0
Will not need to make up any work							
Will require make-up work							
Student has already missed _____ days. Additional absences may affect progress/credit							
Student should not miss this class							

Comments: _____

PERMISSION

I understand that it is my responsibility to arrange with my teachers how the work missed during my absence can be made up. I recognize the possible impact this could have on my progress in class.

Student Signature

Date

Parent/Guardian Signature

Date

Complete both sides



Field Trip / Sports Transportation Worksheet
Kingston Middle School

Information from this form will be used by the office to complete an electronic request for transportation. Everything must be correct and complete. If you have any questions or special needs, it is your responsibility to contact Transportation for instruction and clarification. Their number is 396-3099.

Staff Name: HAA G Extension: 3480

Department/Group: KMS BAND

Number of students: 90+/- Number of adults: 20+/-

Budget to be charged: KMS BAND BOOSTERS

Date of Field Trip: 18-20 MAY 2019

Destination: BREMERTON → POULSBY → PORT ANGELES (SAT 18 MAY 2019)
PORT ANGELES → KINGSTON (MONDAY 20 MAY 2019)

Do you want the driver and bus to stay for the duration of the trip? Yes No X
LOCAL PARADES ON SAT 18 MAY 2019 ONLY

Pick up time: 0815 (am) / pm
Will you be catching a ferry? Bainbridge Kingston Departs at:

Return time: 1030 am / (pm)
Will you be catching a ferry? Bainbridge Kingston Departs at:
X PORT ANGELES

Number of busses needed: 3

- What type of bus do you need?
- Large bus
 - X Large bus with storage
 - Bus with wheel chair access
 - Van

(A) Special Notes/Instructions based on conversations you have already had with Transportation (you may attach an email if you communicated with them in that manner)

SEE ATTACHED EMAIL

Haag, Jeffrey M

From: Peterson, Katarina A
Sent: Tuesday, September 25, 2018 9:52 AM
To: Haag, Jeffrey M
Cc: Jaynes, Tonya A; Ray, Susan A; McKay, Cynthia L
Subject: RE: 2018-19 KMS Band Transportation Costs

These are only estimates for 1 bus per trip.

March 25th- Bremerton HS- 50 miles round trip. 4 hours- \$260.00
Jan 31th-Viking Jazz-NKHS auditorium- 20 miles round trip. 4 hours- \$220.00
May 18th-Viking Fest to PA- 210 miles round trip- 10 hours- \$760.00 x 2 or 3 buses
May 20th return from PA- 125 miles round trip- 4 hours-\$358.00 x 2 or 3 buses
April elementary trips- 2 hours - \$125.00/ 3 hours - \$175.00

Kat Peterson
Transportation Specialist- Special Needs router
North Kitsap Transportation Department
North Kitsap School District #400
360-396-3099
Office 360-396-3081
Dispatch Cell # 360-979-8498

From: Haag, Jeffrey M
Sent: Tuesday, September 25, 2018 8:04 AM
To: Peterson, Katarina A <KPeterson@nkschools.org>
Cc: Barry, Craig J <CBarry@nkschools.org>; McKay, Cynthia L <CMcKay@nkschools.org>
Subject: 2018-19 KMS Band Transportation Costs

Hi Kat,

Hope you had a great summer!

We are looking at a number of trips for KMS Band this year and want to start the ball rolling on estimated trip costs.

First of all the OMEA League Band Contest is Monday 25 MAR 2019 at Bremerton HS (1) and (as always) Viking Jazz Festival is hosted by NK/PMS (20 miles round trip) on Thursday 31 JAN 2019. So we will take only one bus for each of the two roundtrip excursions. We will plan to spend at least half a day at both events. More details later. The cost of these two trips has been absorbed by the boosters in recent years.

Next we are planning to travel to back to Victoria 18-20 MAY 2019 (Viking Fest weekend) per district approval. We will need 2-3 busses to take us to the Port Angeles ferry and then 2-3 busses to pick us up at the ferry that following Monday evening. We will also do the Bremerton and Poulsbo parades that Saturday 18 MAY and combine it with the Victoria trip. (1).

We will be doing the local elementary school concerts (20 miles round trip) (TBA) again. In past years it has happened in early April. The parades may only take two or three busses while the elementary concert tour takes one bus. That cost has normally been paid by the building/district.

Finally Gordon elementary has asked us to participate in their Veterans Day Assembly (1) again like last year Friday 09 NOV. We would need one bus. Gordon would pay for that trip.

What would be the estimated costs for these trips? Boosters are trying to budget for the year and I might use some of my budget as well to fund transportation. We are trying to put a plan together by next week to present to the band family and for me as I present to admin and the board trip proposals. I can give you more specifics later.

Thanks,

Jeff



North Kitsap School District

Request for Meeting or Conference

Instructions: Prior approval from the administrator with budget authority must be obtained when an employee plans to attend a meeting or conference. To obtain approval, please complete this form and submit it to your immediate supervisor.

Title/Description of Work or Activity

DIRECTOR OF BANKS

Date(s) 18-20 MAY 2019 Time: from 0700 to 2230
Location: BREMERTON/POULSBORO/VICTORIA (SAT MORNING) (MON NIGHT)

Employee Names	Employee I.D. Number (if known)	Substitute Name (if known)	Sub Hours Requested (required)	*Sub. Codes (required)
JEFF HAAG			7.5	

Cost Estimate Account Code(s) (required)

Substitute _____

For optional building use	
travel	_____
meals	_____
lodging	_____
other	_____
TOTAL	_____

- *Substitute Codes**
(select and list in column above all that apply)
- D = non-paid time/release time
 - E = substitute (classified)
 - F = substitute - AM (cert)
 - G = substitute - PM (cert)
 - H = substitute-all day (cert)

Authorization code (required)

Immediate Supervisor _____	Request Recommended <input type="checkbox"/>	Not Recommended <input type="checkbox"/>	_____
	Request Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Date _____
Administrator with Budget Authority _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
			Date _____

**FIELD TRIP
MEDICATION ADMINISTRATION TRAINING
REQUIRED**

Training in Medication Administration is **MANDATORY** for all teachers taking students on a Field Trip. Please complete the following information and turn it in to the Office Manager to schedule a time:

Your Name: JEFF HAAG

Date(s) of Trip: 18-20 MAY 2019

Destination: BREHERTON → POULSBY → VICTORIA, BC

Preferred Training Time: 1130-1230

Preferred Day (of the week): TUES/THUR

Already had training? If so, when? LAST YEAR
(*Please note: yearly training is necessary)

Please be advised of the following requirements for Medication Administration on Overnight Field Trips:

- ONLY trained teachers/staff members are authorized to administer medications.
- Teachers/staff **MUST** be trained in administration of medications.
- Volunteers may administer EpiPens **IF** they are trained by the school nurse; they must then always be with that student.
- It is rare that failing to take medication is life-threatening (with the exception of EpiPen); for this reason, students **MUST** wait until the trained teacher is available to administer the medication.
- **IT IS VITAL THAT CONFIDENTIALITY IS PRACTICED AT ALL TIMES.**

For Office Use:
Training Time Scheduled for _____
Staff notified on: _____