

**East Penn School District
Emmaus High School
Field Trip Application**

To be completed by the Advisor/Sponsor, returned to the Assistant Activities Director and forwarded to the Principal at least two weeks prior to the field trip.

Organization/Group _____ Advisor/Sponsor _____

Destination _____ Is this site handicap accessible? _____

Date of Educational Trip _____ Alternate Date _____
Trips must be handicap accessible for consideration

Time of Dismissal _____ Time of Departure _____ Time of Return _____

Number of Students by Grade Level: 12th - _____ 11th - _____ 10th - _____ 9th - _____ Total # of Students _____

Do you need a nurse to accompany students? _____ Names of students requiring nurse: _____
(Please attach a second sheet if more space is needed)

Name of Transportation Company (STA, District Van, or Other) _____ (Please name "other" company)

of Bus/Van(s) _____ # of Seats _____ Transportation Order Date _____ Pick up/Drop Off Location: **EHS Auditorium Lot**
***All trips must arrive/depart from the EHS**

Chaperones (see page 3 for specific chaperone instructions) _____

Total Number of Substitutes Required _____ List periods class coverage will be needed _____

Objectives of Trip, as pertinent to Education Program/Course

Phone/Cell Phone Number you can be reached at while on trip _____

Approved _____
AP Supervisor if class trip/ Assistant Director of
Activities if a club trip & Date

The ORIGINAL copy of each student's PARENTAL PERMISSION AND LIABILITY RELEASE FORM and a student roster must be on file in the Activities Office 2 weeks prior to date of scheduled field trip. All teachers must have a copy of the permission slips with them on the field trip.

FOR OFFICE USE ONLY

Due Date - Student & Faculty Roster and Parental Permission and Liability Release Form (Please forward copies to the Activities Office) _____

Substitute/Coverage Request (Main Office – Please Initial) _____ **Act. Office** _____ **Health Rm.** _____

Principal's Signature _____ **Date Field Trip Approved** _____

Comments:

PLEASE COMPLETE REVERSE SIDE

8/2017

Field Trip Costs:

Transportation Costs: _____ Transportation Costs Paid By: _____
(Student, Activity Fund, C&I, Building Budget, etc.)

Entrance Fee Costs: _____ Entrance Fee Cost Paid By: _____
(Student, Activity Fund, C&I, Building Budget, etc.)

Other Costs: _____ Amount Paid by Student: _____

Amount Paid by Other Means: _____

Explain Other Means _____

How many students have made this trip previously? _____

Please outline your itinerary:

Please explain what pre-planning will be done with the students:

Explain briefly the follow-up activities you plan:

Field Trip Evaluation Report:

Supervisor Date

Principal Date

Chaperone Instructions – All NON-DISTRICT EMPLOYEE VOLUNTEER CHAPERONES can not be alone with students. All volunteer chaperones must be in the presence of a school employee on all field trips and activities at all times unless the volunteer has all required clearances. Those clearances include the Child Abuse History Clearance (Act 151) and the Criminal Record Check (Act 34) and a notarized affidavit. All clearances must be applied for and paid for by the individual volunteer. Please contact the Activities Office if you have any questions.

East Penn School District Volunteer Information Sheet

The East Penn School District is pleased you are considering volunteering your time to assist the staff and students of the district.

Volunteer – *A volunteer is an adult serving in an unpaid position in which they are individually responsible for the welfare of a child or have “direct contact with children” (care, supervision, guidance or control of children), or routine interaction with children.*

The information below has been updated due to the recent changes. Certificates are valid for 60 months (5 years) from the date issued and must be renewed in order to continue as a volunteer within the district.

For those that wish to be a volunteer, you are required to submit a Pennsylvania Criminal History and a Child Abuse History in addition to the notarized Volunteer Affidavit to Human Resources located at 800 Pine Street in Emmaus. Copies of the Affidavit are available in Human Resources or on the East Penn School District website under “Volunteers”. The district has notary services (**drivers’ license required for notary service**) free of charge. ***Please note that if you have not been a resident of the state of Pennsylvania for 10 years, you will be required to complete the FBI Federal Criminal History to be a volunteer.***

1. The Pennsylvania Criminal History can be done online. The online results are available almost immediately. To complete the process online, go to <https://epatch.state.pa.us> and click on “New Record Check (Volunteers Only)” and follow the instructions. When indicating the purpose of the certification, please indicate “Volunteer”. At the end of the process, you will be shown a receipt on the screen (which you can print if you want a receipt). In the middle of the receipt you will see “Certification Form” in blue. Click on this and it will bring up your Criminal Background Certificate which you will then print. Please note, once you print out the “Certification Form”, you will be unable to print it again.
2. The Child Abuse History can be completed online. Requests for certifications may be made online at <https://www.compass.state.pa.us/CWIS>. When indicating the purpose of the certification, please indicate “Volunteer”. Upon signing on to the Child Welfare Portal, you will be asked to "Create Individual Account" or "Individual Login". If this is your first time to the site, you will select "Create Individual Account". Here you will be asked to create your Keystone ID# (this is an ID that you will create for yourself and retain for later use). Upon completion and submission of your application you will be notified via email when your certification is ready to view online (anywhere from 1 day to 4 weeks). You will then log back into your account on the Child Welfare Portal and select "Individual Login" to access and print out the certificate. If you selected to have a copy mailed to you, it could take 4 - 8 weeks or longer.

Certificates must be brought to the District Human Resources Office, located at 800 Pine Street in Emmaus, on either **Tuesdays or Thursdays from 8:00AM – 3:30PM** (unless otherwise noted on the Human Resources Website). Please be advised that due to high demand you may have to wait for assistance. Copies will be made for our records and the originals returned to you. Please note: We will not be able to provide you with copies of these certificates in the future so please be sure to put originals in a secure location. Written notification must be provided by the volunteer to Human Resources, no later than 72 hours after an arrest or conviction of an offense that would constitute grounds for denying participation as a volunteer.

If you have not been a resident of the state of Pennsylvania for 10 years, you will be required to complete the FBI Federal Criminal History to be a Volunteer.

3. The FBI Federal Criminal History requires individuals to have fingerprints digitally rolled at a registered fingerprinting site.

Registration – The applicant must register prior to going to the fingerprint site. Walk in service is allowed but all applicants are required to complete pre-enrollment in the new Universal Enrollment system. Pre-enrollment can be completed online or over the phone. The registration website is available online 24 hours/day, seven days per week at <https://uenroll.identogo.com> . Telephonic registration is available at 1-844-321-2101 Monday through Friday, 8am to 6pm EST. During the pre-enrollment process, all demographic data for the applicant is collected (name, address, etc.) along with notices about identification requirements and other important information.

When registering on-line, an applicant must use the appropriate agency specific Service Code (1KG6Y3) to ensure they are processed for the correct agency (PDE) and/or applicant type (PDE Volunteer). Using the correct service code ensures the background check is submitted for the correct purpose. Fingerprint requests processed through any other agency or purpose cannot be accepted and are not transferable. If an applicant enters the wrong code by mistake, the incorrect applicant type will appear at the top of the screen. The applicant should select the “Back to Home” button and begin the process again, by reentering the correct Service Code. If the applicant proceeds with the process under the incorrect code, the pre-enrollment and/or results cannot be transferred to another state agency and the applicant will have to start the process over and pay for the background check again.

Payment – The applicant will pay a fee for the fingerprint service and to secure an unofficial copy of the Criminal History Record. Major Credit Cards as well as Money Orders or Cashier’s Checks payable to **MorphoTrust** will be accepted on site for those applicants who are required to pay individually. No cash transactions or personal checks are allowed.

For detailed information on Federal Criminal History Background Checks, please use the following link: <http://www.education.pa.gov/Teachers%20-%20Administrators/Background%20checks/Pages/Federal-Criminal-History-Background-Checks.aspx#tab-1>

If you have any questions related to the certificates or cannot come in on a **Tuesday or Thursday**, please contact Human Resources at 610-966-8331 to schedule an appointment.

**EAST PENN SCHOOL DISTRICT
FIELD TRIP PARENTAL PERMISSION AND LIABILITY RELEASE**

PARENT/GUARDIANS ARE REQUIRED TO COMPLETE, SIGN, & RETURN DUPLICATE SECTIONS OF PAGE ONE

I understand the arrangements for taking _____ on a field trip to _____
(Grade/Group/Organization) (Destination)

on _____. We (parent/guardian and student) certify that we have personally inspected the student's luggage,
(Date)
bags, belongings and other personal effects and that they contain no weapons, drugs, alcohol or other contraband.

I hereby give permission for _____, Grade _____, ID _____ to go on the field trip.
(Student name)

I further consent to allow emergency medical aid to be administered to my child by a qualified person if the need arises.

Health-related information (serious allergy, chronic illness _____)

I hereby release _____, the East Penn School District, its administrators, employees and agents from any and all
(Teacher/Advisor name)
liability arising from, or related to the student attending the field trip.

(Date) (Parent/Guardian Signature) (Phone-home) (Phone-cell)

-----TEACHERS – DETACH HERE. Submit top section to Activities Office prior to departure. Keep bottom section for your records. -----

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FIELD TRIP INFORMATION

FOR PARENT/GUARDIAN – PLEASE KEEP THIS PAGE FOR YOUR RECORDS

Grade/Group/Organization: _____ **Date of Trip:** _____

Destination: _____ **Type of Transportation:** _____

Meeting Time: _____ **Meeting Location:** _____ **Time of Departure:** _____

Approximate Return Time: _____ **Pickup Location:** _____

Cost to Student: _____ **Money & Permission Slips Due By:** _____

***Make Checks Payable to:** _____

Meals will be Provided: _____ **Must Pack Lunch:** _____ **Will Eat On Route, Student Should Provide Money:** _____

Additional Information: _____

Teacher/Advisor Names: _____

Field Trip Description: _____

Please park in Lot J across from the auditorium (closest to North Street)

CHAPERONE PARKING INFORMATION

Name: _____

Student's Name: _____

Faculty Supervising Field Trip: _____

Vehicle Information:

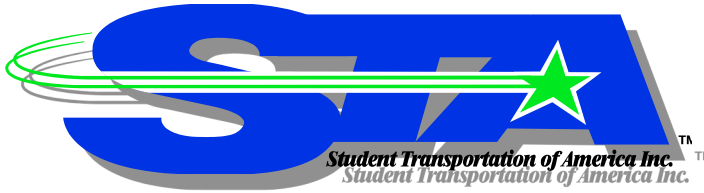
Make/Model: _____

Year: _____

Color: _____

License Plate No: _____

Date(s) vehicle will be parked on school property: _____



2019-2020 FIELD TRIP REQUEST FORM

EAST PENN SCHOOL DISTRICT

Please complete for following information and email to staeastpenn@ridesta.com at least 14 days prior to the trip date.

Some general guidelines:

- Bus capacity is 77 passengers, sitting 3 to a seat. Smaller capacity vehicles are available upon request, including wheelchair units.
- **For trips during the day, the hours should be from 9:00 am to 2:00 pm.** STA will make every attempt to accommodate all requests.

DATE OF REQUEST:		BUILDING:	
CONTACT PERSON:		CONTACT PHONE:	
SCHOOL CLASS:			
REASON FOR TRIP:			
DESTINATION:			
LUNCH DESTINATION:			
DATE OF TRIP:		RAIN DATE (IF NEEDED):	
NUMBER OF STUDENTS:		NUMBER OF ADULTS:	
DEPARTURE TIME			
DEPARTURE LOCATION:			
PICK UP TIME & LOCATION:			
RETURN TIME (BACK TO EPSD BUILDING):			
TYPE & NUMBER OF VEHICLES REQUESTED:			
<input type="text"/>	77 PSG BUS	<input type="text"/>	29 PSG BUS
<input type="text"/>		<input type="text"/>	WHEELCHAIR UNIT
<input type="text"/>		<input type="text"/>	9 PSG VAN
ARE MEDICAL ACCOMODATIONS REQUIRED?			
<input type="text"/>			
HAS NURSE BEEN CONTACTED REGARDING MEDICAL ACCOMODATIONS?			
<input type="text"/>			
IF REQUIRED, BRIEFLY EXPLAIN TYPE OF MEDICAL ACCOMODATION REQUIRED AND PLAN TO ACCOMMODATE:			
<input type="text"/>			
REQUIRED ACCESSORIES:	BUS AIDE:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	# OF BOOSTER SEATS
<input type="text"/>	# OF WHEELCHAIR SPOTS	<input type="text"/>	# OF HARNESSES SIZES?
ESTIMATED COST OF TRIP:	TRIP FINANCING:		
MINIMUM COST IS \$100.00 PER TRIP	PURCHASE ORDER #:		
\$50.00 PER HOUR, TO AND FROM THE TERMINAL	<input type="text"/>		
<input type="text"/>	# OF	<input type="text"/>	

	BUSES	
	ESTIMATED HOURS (add 1 hour for pre/post trips and travel to/from terminal)	
\$50.00	PER HOUR RATE	
\$ -	TOTAL ESTIMATED COST	*trips are billed for actual hours, in 15 minutes increments
<p>EXAMPLE: EHS is taking 140 students on a trip from 9 am to 2 pm (5 hours). Add 1 hour for pre/post trips and travel time.</p> <p style="text-align: right;">3 buses x 6 hours x \$50.00 per hour = \$900.00 estimated cost</p>		