

**Zachary Community School District
Field Trip and Travel Request Form**

This form is to be used when students take a trip off campus for school purposes. Field trip and travel request must be turned in 20 days before the travel is planned.

Field Trip Category: <input type="checkbox"/> Academic <input type="checkbox"/> Athletic <input type="checkbox"/> Club <input type="checkbox"/> Other: _____	Trip Type: <input type="checkbox"/> Day <input type="checkbox"/> Extended Day <input type="checkbox"/> Overnight <input type="checkbox"/> Out of State <input type="checkbox"/> Foreign	Today's Date: 	School: 	
		Date(s) of Field Trip: 	Departure Time: 	Return Time:

Proposed Field Trip Location(s):	Sponsor Contact Name, Email, and Phone#:
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# of Teachers:	# of Staff:	# of Admin:	# of Parents:	# of Students:
Transportation: <input type="checkbox"/> First Student <input type="checkbox"/> ZCSD Bus <input type="checkbox"/> Charter Bus <input type="checkbox"/> Parent Transportation <input type="checkbox"/> Private Vehicle <i>(Students are not permitted to drive other students.)</i>		First Student: # of Buses: _____ # of Drivers: _____ # Lift Buses: _____ Uniform police officer requested? Yes _____ No _____ (School will receive invoice)	ZCSD Bus: # of Buses: _____ # of Drivers: _____ # Lift Buses: _____ Drivers Names: 	Charter Bus: Carrier: _____ # of Buses: _____ <input type="checkbox"/> Certificate of Liability Personal Vehicles <input type="checkbox"/> Driver's License <input type="checkbox"/> Proof of Liability Insurance <input type="checkbox"/> Parent Signed Liability Waiver Form

Curriculum Justification: 	Finances: Admission Cost: _____ Transportation Cost: _____ Total Cost: _____ Means of Financing: _____ Student Contribution: _____
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Trained administrator of medications:	Principal Signature:
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Field Trip Checklist: <input type="checkbox"/> Itinerary Attached <input type="checkbox"/> Parent Notice Attached <input type="checkbox"/> Special Accommodations Requirements <input type="checkbox"/> School Nurse Notified <input type="checkbox"/> Cafeteria Notified/Meals Arrangements <input type="checkbox"/> Field Trip Rosters – Copy left at School Site <input type="checkbox"/> Raptor/Background Checks for Chaperones <input type="checkbox"/> Hotel Room Accommodations Permission Forms <input type="checkbox"/> Event Venue Liability Insurance (If needed)	To be completed by Main Office Staff: The above field trip has been evaluated and is classified as: (please check one choice in each category) Type: Educational Non-Educational Status: Approved Disapproved Approved by: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> School Supervisor Date </div> <div style="display: flex; justify-content: space-between; width: 100%;"> Director of Operations Date </div>
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BAG LUNCH REQUEST FORM

FOR RECEIPT OF MEALS (BAG LUNCHES)

TODAY'S DATE: _____

Twenty (20) days advance notice is required to place orders and to assure lunches conform to the CNP State Regulations of a reimbursable meal. The day before the trip, the teacher must confirm the number of lunches with the school's Child Nutrition Manager. Requests for bag lunches served during the month of May must be submitted by the last day in April.

Child Nutrition will prepare only the number of bag lunches requested. Expect delays and substitutions for extra lunches requested the day of the field trip. Be prepared to provide an ice chest and ice in order to transport milk unless availability is confirmed with the cafeteria manager in advance. Teachers are responsible to count and sign confirming the number of bag lunches ordered equals the number requested prior to leaving with bag lunches.

DATE OF FIELD TRIP/EVENT: _____

CLASS OR CLUB NAME: _____

NAME OF TEACHER/SPONSOR: _____

MY SIGNATURE BELOW VERIFIES THE FOLLOWING:

THE FOLLOWING NUMBER OF MEALS WERE RECEIVED AT THE DATE AND TIME INDICATED BELOW:

NUMBER OF STUDENT MEALS: _____

NUMBER OF MILK: CHOC _____ WHITE _____ STRAWBERRY _____

*****ZELC students are limited to white milk only.

NUMBER OF TEACHER/SPONSOR MEALS (Check with manager for meal price): _____

DATE: _____ TIME: _____

THE ATTACHED LIST INCLUDES THE NAMES OF ONLY THOSE STUDENTS RECEIVING A BAG LUNCH FOR THIS EVENT.

PRINTED NAME OF TEACHER/SPONSOR: _____

SIGNATURE OF TEACHER/SPONSOR: _____



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www.zacharyschools.org

PARENTAL CONSENT FORM FOR A STUDENT TRAVELING WITH A SCHOOL DISTRICT EMPLOYEE IN PRIVATE TRANSPORTATION

School: _____

Class/Organization: _____

Activity: _____

Dear Parents:

Your child has been invited to participate in the activity described above. In the context of this activity, school bus transportation is not provided; the teacher or staff member will ensure transportation of one or more students per private transportation. Employees must provide proof of a current driver's license and active insurance coverage to the school principal/district designee to be approved to transport students.

Your authorization is required for your child to participate in this event, and we ask that you fill out the form at the bottom of this page and return it to the school by (Date and Time) _____.

AUTHORIZATION

By signing below, I, the parent/guardian of _____ consent to my child riding with a school district employee to _____ and agree to hold harmless the Zachary Community School District, its employees, and agents from any and all liability, claims, or damages arising out of or in connection with this transportation. I acknowledge and assume all risks associated with this mode of transportation and waive any right to seek damages or claims against the district or its employees.

I accept, that in the context of school activities, my child _____ be transported by a staff member or by another parent, in their private vehicle.

- or -

I refuse to allow my child _____ to be transported by a teacher or staff member in their private vehicle.

Parent's Signature: _____ Date: _____



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Parent/Guardian Permission Form for Overnight Lodging

Dear Parent/Guardian,

Your child has the opportunity to participate in an overnight trip with _____ on the following dates _____. This trip will include hotel accommodations. To ensure the safety and comfort of all students, we ask that you complete the permission form below and provide any necessary information regarding room assignments.

Please review the details below carefully, sign, and return this form by _____.

Trip Details:

Destination:

Parent/Guardian Consent:

I, the undersigned, give permission for my child, _____, to participate in the overnight trip mentioned above, including travel and hotel accommodations. I understand that my child will be under the supervision of school staff and chaperones.

Room Accommodations:

To provide flexibility in rooming arrangements, students will be housed with either two or four students per room. Please indicate your preference below.

I give permission for my child to share a room with:

- ☐ 2 students per room (double occupancy)
☐ 4 students per room (quad occupancy)

If you have specific rooming preferences, please list the names of other students your child would prefer to room with (optional):

1. _____
2. _____
3. _____

Parent/Guardian Signature:

By signing below, I acknowledge that I have read, understood, and agreed to the terms and conditions for my child's participation in the trip, including the rooming arrangements and other accommodations.

Parent/Guardian Name (Printed): _____

Signature: _____

Date: _____



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Field Trip or Event – Student Check-Out/Sign-Out Form

For the safety and accountability of our students, any parent or guardian wishing to sign out their student at the end of the field trip or event must complete this form. Please fill out the information below and sign before taking your child home.

Student Name	Parent / Guardian Name	Relationship to Student	Contact Phone Number