

# Long Beach Unified School District Special Projects Services

Approved by:  
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Director, Special Projects Services

Publication Authorized by:  
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Deputy Superintendent

**A Catalog of Educational Field Trips &  
Performance/ Presentation Assemblies**  
2012-2013 Revision

# Introduction

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- **A Catalog of Educational Field Trips & Classroom Presentations & Assemblies** includes descriptions of field trips & assemblies that are approved by the district.
- Grades or classes for which the trips are suggested are included in each description.
- Contact information and current pricing will be listed.
- The catalog will be updated as additional trips & resources are made available or changes occur in presently approved trips & assemblies.

# Parent Permission Slips

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- Blanket field trip permission slips signed by parents at the opening of school shall **not** be used.
- Please have parents sign a permission slip for any and all field trips taken. This includes **WALKING** field trips also.
- The forms can be found in the Stock Catalog under “Form, Request to Participate in Field Trip”

# Funding

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- Schools may elect to use special program funds (EIA/LEP, SLIBG, Title 1, EIASCE etc) if available.
- All field trips must be academically beneficial, if any instructional minutes are used.
- A justification page from your Single Plan for Student Achievement must be attached to any field trip request using categorical funds.
- A justification stamp must be stamped on all request.



# Natural History & Page Museum

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- The Natural History & Page Museum in Los Angeles will only take reservations through a district representative.
- Please call Gail McCullough in Special Projects to arrange any reservations. Ext. 8325
- All other field trip reservations should be made directly with establishment.
- Consult the Catalog of Educational Field Trips & Performance/Presentation Assemblies for approved field trips.

# District forms

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- The following forms will be included in the catalog:
  - Board Policy
  - Parent permission forms (stock item)
    - English(S271690)Spanish(S271692)Khmer(S271691)
  - Arranging for field trips or assemblies not listed in the catalog
  - Evaluation forms for field trips and assemblies
  - Out-of-district/overnight field trip information
  - Short-Term (24 hour) Insurance Coverage
  - Field Trip Request (S274260)
  - Rates for Special Field Trip Buses and Trucks
  - Procedure for parent or PTA funded field trips
  - Sample of letter of promise to pay
  - Procedure for canceling field trips

Travel by Student Groups

## General

- I. Travel by student groups may serve as a useful extension of the district's educational program. The following guidelines and restrictions are established to ensure compliance with law, control financial campaigns within schools and the community, and provide for the equitable expenditure of limited available resources.
  - A. Travel must have specific educational value and be directly related to the subject matter of a particular subject in which students are enrolled.
  - B. Trips during the school year are limited to one school day. Trips longer than one school day shall be taken when school is not in session.
  - C. Travel is not authorized for purposes that are primarily commercial or to participate in the promotion of a commercial enterprise.
  - D. Trips involving fundraising shall be conducted in accordance with Education Code, Sections 35330-35332. (These sections include but are not limited to provisions that trips are conducted by the school district and that no pupil may be excluded from making an excursion because of lack of sufficient funds.)
  - E. All fundraising activities conducted in the name of the school or its organizations must first be approved by the principal.
  - F. School time shall not be used for fundraising activities.
  - G. Funds collected in the name of the district or a school shall be accounted for, invested, and audited in accordance with Business Department procedures and provisions of law.
  - H. Groups traveling in the name of a school of the district shall be comprised of students presently enrolled and adult supervisors approved by the principal.

II. Trip Categories

## A. Within 125 Miles

Because a great variety and wealth of educational opportunities exist within the Southern California Area and because of the expense and planning necessary for longer trips, travel in most circumstances shall be to destinations within 125 miles of Long Beach. Such trips requested by a school organization sponsor are subject to the consideration and approval of the school principal.

**B. Trips to Destinations Beyond 125 Miles (Senior High Schools)**

Each senior high school may authorize two trips per year beyond 125 miles, for a particularly worthwhile purpose, to a destination that is generally within the region bounded by the San Francisco-Sacramento area, San Diego, and Las Vegas. Students participating in school trips shall miss a maximum of one school day. Such trips requested by the sponsor of a school organization are subject to the consideration and approval of the school principal and division assistant superintendent.

**C. Athletic Teams**

Travel involving athletic teams shall be in accordance with regulations of the Moore League, California Interscholastic Federation, National Federation of State High School Athletic Associations and the procedures described in Section II E below.

**D. Students Traveling as District Representatives**

Trip limits described in Section II A and B above do not apply to individual students traveling as district representatives to school or district approved conferences or meetings.

**E. Extended or Foreign Travel (Senior High Schools)**

1. All requests for extended travel beyond that described in II B above or for foreign travel shall be considered carefully for their fundraising impact on the school and community, the educational worth of the activity, its relationship to the district's educational program, and the need to travel outside the Southern California region to meet the purposes of the proposed trip.
2. Requests for approval of extended or foreign travel for a student group should be made by the sponsor to the principal at a stage early enough in the planning of the trip so that it is reasonable for the review committee and Board of Education to approve, modify conditions, or deny, and have their actions considered fair by all persons concerned. Requests should be initiated at least six months before proposed date of travel. More time may be necessary for long distance travel, travel involving large numbers of students, or travel requiring large sums of money.
3. The principal receiving a request for extended or foreign travel shall appoint a review committee. The review committee shall consist of the principal of the school who will serve as chairman; the chairman of the school's advisory committee; the president of the PTA; the president or chairman of the faculty; the president of the student body; the student representatives to the Board of Education; the director of Physical education, Recreation, and Safety Services; the director of Curriculum Services; the consultant of the subject area involved;



and the division assistant superintendent. Committee membership may be augmented as appropriate at the discretion of the principal.

The review committee shall consider the request and submit a report to the Office of the Superintendent. After the report of the review committee has been considered by the Superintendent's staff, the Superintendent will forward the report of the review committee with his recommendation to the Board of Education. The Board of Education has the final responsibility to approve.

4. Trips in this category will be limited to no more than one school per year in the district. Each school is limited to one such trip in four years.
5. The school or district name may not be used in conjunction with any trip or fundraising activities for any trip when there is a conflict of interest between the non-public agency which introduces, nominates, promotes, or otherwise influences a decision that student travel occur and the non-public agency which sells travel arrangements to the group or that otherwise stands to benefit in a material way.
6. If district student groups are nominated for travel activities on the basis of merit, legitimate criteria which recognize an educational honor or achievement must be demonstrated to have been used in their nomination.
7. In the event the original plan is cancelled, funds received for consideration (such as sale of merchandise, tickets for performances, etc.) will be retained for some alternative activity by the same organization. Any direct contribution toward the original project in which the donor can be clearly identified shall be returned.
8. Fundraising shall be limited to a plan approved by the principal for individuals, organizations, or firms outside the boundaries of the LBUSD and only on behalf of students currently enrolled or eligible to take the trip as described in Section I H above.
9. No employee, including the school sponsor of a group approved for foreign or extended travel, shall be required to participate in the trip.
10. Principals are responsible to ensure and approve supervision plans and adult supervisors. The minimum requirements shall generally be: Categories A and B: one adult per 30 students; Category E: one adult per 15 students.
11. Request must be accompanied by evidence acceptable to the district's legal adviser compliance or of ability to comply with the following:
  - a. The execution and submission of a statement of waiver exempting the Board from financial responsibility and specifying that district funds will not be utilized in the conduct of the trip.

- b. The provision of a policy of insurance which provides adequate protection to participating students.
  - c. The assurance that fundraising activities which are proposed shall conform to the legal requirements of the local law enforcement agency having jurisdiction over the area in which they will be conducted.
  - d. The provision of insurance covering the value of district equipment which is to be used by the group while outside of the school district.
  - e. The establishment of an agreement whereby the instructor and voluntary supervisors contribute their services and time to the district for the purpose of supervision of the participating students while outside of the school district.
  - f. The establishment of an agreement that no pupil will be excluded from the field trip because of lack of sufficient funds.
  - g. Other requirements that may be necessary to assure that the interests of the students, supervisors, and the district are protected.
12. A principal may authorize announcements of trips not sponsored by the school by posting information on the school bulletin board, PTA newsletters, or in school bulletins.
13. Those traveling as part of a district or school sponsored group are expected to maintain high standards of behavior. Student conduct shall be in accordance with the High School Guidance and Discipline Code.

Legal Reference:

CALIFORNIA EDUCATION CODE  
35330  
35331  
35332

Approved: September 7, 1982  
Revised: February 19, 1985  
Revised: May 20, 1985



# REQUEST TO PARTICIPATE IN FIELD TRIP

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Depart \_\_\_\_\_ A.M./P.M. Return: \_\_\_\_\_ A.M./P.M.

**Lunch:**

- Student will be at school during Lunch
- Student should bring sack lunch
- Other: \_\_\_\_\_

**Method of Transportation:**

- Walking
- School bus
- Private Auto
- Other \_\_\_\_\_

I request that my child be permitted to participate in the field trip activity described above. In consideration of his/her being permitted to participate, we agree as follows:

1. I acknowledge that the activity under certain circumstances could be dangerous and that my child is not required to participate in it to receive a class grade. I expressly request my child to voluntarily participate in the activity.
2. I understand and acknowledge that as provided in part in Education Code 35330, I waive and forever release and discharge the Long Beach Unified School District, the Board of Education and its officers, employees and agents from all liability, claims, loss, cost or expense arising from or attributable to the above identified activity

To the best of my knowledge, my child has no physical condition which would interfere with his/her ability to participate in or attend this activity or would endanger his/her health or any other student's health.

*Date*

*Signature Parent/Guardian*

(To be retained by Supervising Teacher)

## MEDICAL AUTHORIZATION

Should my child need to have medical treatment while participating in this activity, I hereby give the school district personnel permission to use their judgement in obtaining medical service for my child and I give permission to the physician selected by the school district personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the school district has no insurance covering such medical or hospital costs incurred for my child and, therefore, any costs incurred for such treatment shall be my sole responsibility.

\_\_\_\_\_  
*Student's Name*

\_\_\_\_\_  
*Emergency Telephone Number*

\_\_\_\_\_  
*Home Address*

\_\_\_\_\_  
*Home Telephone Number*

\_\_\_\_\_  
*Business Telephone Number*

\_\_\_\_\_  
*Signature Parent/Guardian*

\_\_\_\_\_  
*Date*

PLEASE CHECK HERE IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT ARE ON FILE WITH THE SCHOOL.

8/29/92



# SOLICITUD PARA PARTICIPAR EN UNA EXCURSION

Nombre del Estudiante: \_\_\_\_\_ Escuela: \_\_\_\_\_

Descripción de la Actividad: \_\_\_\_\_

Para el Día: \_\_\_\_\_ Salida: \_\_\_\_\_ A.M./P.M. Regreso: \_\_\_\_\_ A.M./P.M.

### Almuerzo:

- El alumno estará en la escuela durante el almuerzo
- El alumno debe de traer su almuerzo.
- Otro: \_\_\_\_\_

### Metodo de Trasportacion:

- Caminando
- Autobús escolar
- Automóvil privado
- Otro: \_\_\_\_\_

Pido que mi hijo sea permitido participar en la excursión descrita arriba. En consideración de que sea permitido participar, acuerdo lo siguiente:

1. Declaro que dicha actividad, bajo ciertas circunstancias, puede ser peligrosa y que a mi hijo no se le requiere participar para darle nota. Pido expresamente que mi hijo participe voluntariamente en esta actividad.
2. Entiendo y declaro de acuerdo al Código de Educación 353330, que cedo y eximo de cualquier obligación al Distrito Escolar Unificado de Long Beach, a la Junta de Educación y a sus oficiales, empleados de agentes de toda responsabilidad legal, reclamos, perdida, costos, o gastos que se presenten o que puedan atribuirse a la actividad arriba mencionada.

Con mi mejor conocimiento declaro que mi hijo no tiene ninguna condición física la cual pueda interferir con su habilidad de patricipar en o asistir a esta actividad o que pueda poner en peligro su salud o la de cualquier otro estudiante.

Fecha

Firma del Padre/Madre/Tutor

(to be retained by Supervising Teacher debe ser guardada por el Maestro Supervisor)

## AUTORIZACION MEDICA

Si mi hijo necesita tener tratamiento médico mientras participa en esta actividad, doy permiso al personal del distrito escolar de usar su juicio en obtener servicios médicos para mi hijo y doy permiso al médico seleccionado por el distrito para determinar tratamiento médico apropiado. Comprendo que el distrito no tiene aseguranza para cubrir los gastos médicos y hospitalarios de mi hijo y por lo tanto cualquier costo que ocurra de dicho tratamiento será sólo mi responsabilidad.

Nombre del Alumno

Número de teléfono de emergencia

Dirección

Número de teléfono en casa

Número del teléfono de negocio

Firma del Padre/Madre/Tutor

Fecha

POR FAVOR, MARQUE AQUI SI HAY INSTRUCCIONES ESPECIALES SOBRE TRATAMIENTO MEDICO EN LOS ARCHIVOS AQUI EN LA ESCUELA.





**លិខិតសុំអនុញ្ញាតិចូលរួមក្នុងការធ្វើដំណើរកំសាន្តសិក្សា**  
**REQUEST TO PARTICIPATE IN FIELD TRIP**

ឈ្មោះសិស្ស \_\_\_\_\_ សាលារៀន \_\_\_\_\_

ព័ត៌មាននៃសកម្មភាពដំណើរ \_\_\_\_\_

ថ្ងៃធ្វើដំណើរ \_\_\_\_\_ ចេញដំណើរម៉ោង \_\_\_\_\_ ក្រឡប់វិញម៉ោង \_\_\_\_\_

អាហារថ្ងៃត្រង់ :

- សិស្សនឹងវិលត្រឡប់មកសាលាវិញពេលបាយថ្ងៃត្រង់
- សិស្សត្រូវយកកញ្ចប់អាហារថ្ងៃត្រង់រៀនខ្លួន
- ផ្សេងៗ: \_\_\_\_\_

មធ្យោបាយដឹកនាំ :

- ដើរ
- ជិះប៊ីសសាលា
- រថយន្តឯកជន
- ផ្សេងៗ: \_\_\_\_\_

ខ្ញុំសូមសាលារៀនមេត្តាអនុញ្ញាតឱ្យកូនខ្ញុំបានចូលរួមក្នុងសកម្មភាពដំណើរកំសាន្តសិក្សាដូចព័ត៌មានខាងលើ ។ ក្រោយដែលបានពិចារណាលើតម្លៃនៃការដែលកូនខ្ញុំបានចូលរួមក្នុងសកម្មភាពខាងលើនេះ យើងខ្ញុំយល់ព្រមដូចតទៅ:

- ១- ខ្ញុំទទួលស្គាល់ថា ក្នុងកាលៈទេសៈខ្លះ សកម្មភាពនេះអាចមានគ្រោះថ្នាក់ ហើយសាលារៀនមិនបានកម្រិតឱ្យកូនខ្ញុំចូលរួមក្នុងសកម្មភាពនេះដើម្បីទទួលបានក្នុងថ្នាក់រៀនទេ ។ ខ្ញុំខ្លួនឯងបានសុំឱ្យកូនចូលរួមក្នុងសកម្មភាពនេះដោយស្ម័គ្រចិត្ត ។
- ២- ខ្ញុំយល់ និងទទួលស្គាល់តាមដូចដែលមានចែងក្នុងច្បាប់នៃក្រសួងអប់រំជាតិ (Educational code) គឺខ្ញុំនឹងមិនប្តឹងទៅប្រកាន់ ឱស្ត្រីកសាលារៀនឡុងប៊ិច (Long Beach Unified School District) គណៈកម្មការនាយកឱស្ត្រីកសាលារៀនបុគ្គលិក និងភ្នាក់ងារនានារបស់ឱស្ត្រីកសាលារៀន មិនប្តឹងទាមទារការងារទទួលខុសត្រូវ ឱ្យសងការបង់ទានប្រាក់ចំណាយផ្សេងៗ ដែលនឹងអាចកើតមានឡើងពីក្នុងសកម្មភាពព័ត៌មានខាងលើនេះជាដាច់ខាត ។

ខ្ញុំបានដឹងប្រាកដថា កូនខ្ញុំគ្មានលក្ខណៈកាយសម្បទណាមួយដែលអាច រំខានដល់ការចូលរួមក្នុងសកម្មភាពព័ត៌មានខាងលើ ឬដែលអាចធ្វើឱ្យមានគ្រោះថ្នាក់ដល់សុខភាពខ្លួន ឬ សុខភាពសិស្សដទៃទេ ។

ថ្ងៃ \_\_\_\_\_ ហត្ថលេខាមាតាបិតា/អ្នកអភិបាល

( ផ្នែកដែលត្រូវគ្រប់គ្រងត្រូវរក្សាទុក )  
**សេចក្តីអនុញ្ញាតិឱ្យព្យាបាល**

ក្នុងករណីដែលកូនខ្ញុំមានគ្រោះថ្នាក់ ហើយត្រូវការពេទ្យព្យាបាល ក្នុងពេលរួមសកម្មភាពនេះ ខ្ញុំអនុញ្ញាតឱ្យបុគ្គលិកសាលាសម្រេចក្នុងការរកជំនួយព្យាបាល ព្រមទាំងអនុញ្ញាតឱ្យគ្រូពេទ្យដែលបុគ្គលិកសាលាបានជ្រើសរើសឱ្យព្យាបាលកូនខ្ញុំតាមដែលគ្រូពេទ្យយល់ និង ត្រឹមត្រូវតាមក្បួនពេទ្យ ។ ខ្ញុំដឹងច្បាស់ហើយថា សាលារៀនគ្មានការធានារ៉ាប់រងសម្រាប់បង់ថ្លៃពេទ្យថ្ងៃព្យាបាល និង ថ្លៃមន្ទីរពេទ្យទេ ដូច្នេះ ប្រាក់ចំណាយទាំងអស់ក្នុងការព្យាបាលនេះជាបន្ទុកដែលខ្ញុំត្រូវទទួលខុសត្រូវស្រាយខ្លួនឯងទាំងអស់ ។

\_\_\_\_\_ ឈ្មោះសិស្ស  
 \_\_\_\_\_ លេខទូរស័ព្ទបន្ទាន់ (emergency)  
 \_\_\_\_\_ អាសយដ្ឋាន  
 \_\_\_\_\_ លេខទូរស័ព្ទផ្ទះ  
 \_\_\_\_\_ ទូរស័ព្ទកន្លែងធ្វើការ  
 \_\_\_\_\_ ហត្ថលេខាមាតាបិតា/អ្នកអភិបាល  
 \_\_\_\_\_ ថ្ងៃទី \_\_\_\_\_

សូមគូសផែក្នុងប្រអប់នេះ បើព័ត៌មានពិសេសស្តីពីការព្យាបាលជម្ងឺសិស្សរូបនេះមានចែងក្នុងសំណុំលិខិតតម្កល់ទុកក្នុងសាលារៀនរួចហើយ ។  
 S271691



## Special Projects Services

### Arranging for field trips not listed in this publication

Teachers may become aware of new places appropriate for classes to visit. Trips may be taken to facilities not listed in this guide, providing these steps are completed.

1. Discuss the trip with the school principal to determine the following:
  - Will the trip enrich pupil learnings more effectively than other available learning aides?
  - Is the trip closely related to the subject being studied?
  - Are the distance and traveling time reasonable?
  - Is the trip safe?
  - Is the firm or organization willing to have the class visit?
  - Is an appropriate source of funding available to cover all transportation and admission cost?
  - If using city bus transportation, are routes and bus stops reasonably close to the site to be visited?
2. Call the Office of the Assistant Superintendent, to ask for approval for the special trip. (This should be done by the school principal)
3. Call the Transportation Office (426-6176) or ext. 1515 and speak to a representative if planning to use the District buses or Long Beach Transit (591-8753) if using city buses.
4. Follow all district guidelines relating to preparing pupils for the trip, safety standards, parent permission, and follow-up experiences.
5. Complete the field trip evaluation form and send a copy to your Assistant Superintendent and Special Projects Services. Describe briefly what was seen and done on the field trip, the major learnings, and any suggestions for improving the trip.



# Special Projects Services

## Field Trip Evaluation Form

|                                                                                                 |         |
|-------------------------------------------------------------------------------------------------|---------|
| Location Visited:                                                                               |         |
| Contact Person:                                                                                 | Prices: |
| Address:                                                                                        | Phone:  |
| Scheduling procedures (including cautions, special considerations and/or problems encountered): |         |

|                                       |                             |
|---------------------------------------|-----------------------------|
| Maximum group size:                   | Required adult supervision: |
| Time of visit (how much time needed): | Appropriate Grade Level:    |
| Related curricular area (s):          |                             |

Typical academic learnings and major contributions to the instruction program:

Suggested preview activities:

Possible follow-up activities to reinforce learning skills:

Student reaction:  
Very favorable  Favorable  Indifferent  Negative

Recommendation:  
Highly recommend  Recommend  Would not recommend

Comments:

|         |           |
|---------|-----------|
| School: | Date:     |
| Name:   | Position: |



Special Projects Services  
1515 Hughes Way  
Long Beach, CA 90810  
(562) 997.8322 FAX (562) 997.8302

To: All Schools

|                                                                          |
|--------------------------------------------------------------------------|
| <b>How to add a group to the Performance/Presentation Resource Guide</b> |
|--------------------------------------------------------------------------|

- ① The group must agree to present their preview to a school free of charge.
- ② Five evaluation forms must be completed. The principal and/or VP should be one of the evaluators. The others may be teachers or PTA representatives.
- ③ Please return evaluations to Special Projects Services.
- ④ Please return any detailed information on the group being evaluated.  
(example: brochure with prices, length of presentation, etc.)





# Special Projects Services

## Assembly or Classroom Presentation Evaluation

|                                                                                                                                                   |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Name of Group:                                                                                                                                    |                          |
| Contact Person:                                                                                                                                   | Prices:                  |
| Address:                                                                                                                                          | Phone:                   |
| Description of Program:                                                                                                                           |                          |
|                                                                                                                                                   |                          |
|                                                                                                                                                   |                          |
| Length of Performance:                                                                                                                            | Appropriate Grade Level: |
| Brief summary of program:                                                                                                                         |                          |
|                                                                                                                                                   |                          |
|                                                                                                                                                   |                          |
| Typical academic learnings:                                                                                                                       |                          |
|                                                                                                                                                   |                          |
|                                                                                                                                                   |                          |
| Suggested preview activities:                                                                                                                     |                          |
|                                                                                                                                                   |                          |
|                                                                                                                                                   |                          |
| Possible follow-up activities to reinforce learning skills:                                                                                       |                          |
|                                                                                                                                                   |                          |
|                                                                                                                                                   |                          |
| Student reaction:                                                                                                                                 |                          |
| Very favorable <input type="checkbox"/> Favorable <input type="checkbox"/> Indifferent <input type="checkbox"/> Negative <input type="checkbox"/> |                          |
| Recommendation:                                                                                                                                   |                          |
| Highly recommend <input type="checkbox"/> Recommend <input type="checkbox"/> Would not recommend <input type="checkbox"/>                         |                          |
| Comments:                                                                                                                                         |                          |
|                                                                                                                                                   |                          |
|                                                                                                                                                   |                          |
|                                                                                                                                                   |                          |
| School:                                                                                                                                           | Date:                    |
| Name:                                                                                                                                             | Position:                |



OFFICE OF ASSISTANT SUPERINTENDENT, HIGH SCHOOLS  
1515 Hughes Way, Long Beach, California 90810 • (562) 997-8115 • FAX (562) 997-8286

**OUT-OF-DISTRICT/OVERNIGHT FIELD TRIP INFORMATION FORM**  
(Required for trip approval by High School Area Office)

Name, position and school of individual requesting trip approval:

Name \_\_\_\_\_  
Position \_\_\_\_\_  
School \_\_\_\_\_

Description of activity: \_\_\_\_\_  
\_\_\_\_\_

Date(s) of activity: \_\_\_\_\_ How many school days will be missed? \_\_\_\_\_

How many students will be participating? \_\_\_\_\_

• Number of female students \_\_\_\_\_ • Number of male students \_\_\_\_\_

What grade levels will be involved? 9th \_\_\_\_\_ 10th \_\_\_\_\_ 11th \_\_\_\_\_ 12th \_\_\_\_\_

How many adults will be serving in supervision roles? (Attach a list of names/phone numbers of the adult supervisors.)

• Female \_\_\_\_\_ (How many are certificated district employees? \_\_\_\_\_)

• Male \_\_\_\_\_ (How many are certificated district employees? \_\_\_\_\_)

Departure time: \_\_\_\_\_ A.M./P.M. Return time: \_\_\_\_\_ A.M./P.M.

What is the nature of the transportation to be used? (If Charter Bus, provide name of company, address and phone number) \_\_\_\_\_

(If private vehicles are involved, attach completed copies of the form entitled USE OF PRIVATE VEHICLE FOR STUDENT TRANSPORTATION.)

Provide the following information for the housing arranged for the trip:

Name(s) \_\_\_\_\_

Address(es) \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Contact Person(s) \_\_\_\_\_

If the trip is approved, a Request to Participate in Field Trip form (parent permission slip) must be obtained for each student and kept on file at school site. (Attach a list of students' names and telephone numbers.) If the trip is for participation in a sports event involving students who have met the insurance requirements for that sport, additional insurance is not necessary; however, if that is not the case, insurance must be obtained through the district on a pay-by-the-day basis.

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Principal

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Assistant Superintendent, High Schools



myers | stevens | toohey

# SHORT-TERM (24-HOUR) COVERAGE Accident Insurance Enrollment Form 2011-2012 School Year 100% Participation Required

Provides excess accident and emergency sickness medical coverage and accidental death and dismemberment coverage for all of your students participating in school sponsored and supervised activities involving overnight travel and/or periods without direct and immediate school supervision. Rate is \$1.65/person/calendar day. Coverage consists of **BASIC** and **CATASTROPHIC** injury benefits.

**BASIC** accident medical benefits are paid on an excess basis at 100% of Usual, Reasonable & Customary charges up to \$25,000/injury and up to \$500 for Emergency Sickness ("Emergency Care Benefit" in IA, IN, KS, and MO). Includes benefit for pre-approved Medical Evacuation expenses up to \$25,000 and up to \$10,000 of expenses for Repatriation of Remains to home country. Covered charges for injuries are limited to those incurred within one year from date of first treatment and Emergency Sickness benefits are limited to those charges incurred within 24 hours from the onset of sickness. **The policy has complete details of provisions, limits and exclusions.** Underwritten by BCS Insurance Company in AZ, CA, IA, IN, KS, MO and NV.

**CATASTROPHIC** benefits are subject to a deductible of \$25,000 and are then paid at 100% of Reasonable and Customary Charges up to \$1,000,000. Includes additional cash benefits of up to \$500,000 (depending upon the severity of the loss) and accidental death benefit of \$25,000. Underwritten by ACE American Insurance Company.

### APPLICATION AND LIST OF NAMES

MUST BE RECEIVED BY MYERS-STEVENSONS PRIOR TO THE START DATE OF ACTIVITIES, OTHERWISE COVERAGE WILL BEGIN UPON RECEIPT. PREMIUM IS DUE WITHIN 10 DAYS OF THE START OF THE ACTIVITY.

Please complete the entire form, attach list of names, and return with your premium or billing information to:  
Myers-Stevens & Toohey & Co., Inc., 26101 Marguerite Parkway, Mission Viejo, CA 92692-3203  
(949) 348-0656 or (800) 827-4695, fax number (949) 348-0963

*It is required that all students attending this event are covered, whether they have other insurance or not.  
This plan does not cover paid school employees. (Coverage is optional for Parent chaperones, include names with list of students)*

BILL TO:  NEW  REVISED

DISTRICT: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ PHONE #: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE(S) From: \_\_\_\_\_ To: \_\_\_\_\_

DESTINATION/ACTIVITY: \_\_\_\_\_

Coverage Requested By: \_\_\_\_\_

Print Name

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

**PLEASE NOTE: THERE IS A MINIMUM PREMIUM REQUIREMENT.**

Premium is due within 10 days of the start date of activity

Calculate Premium Due: \_\_\_\_\_ x \_\_\_\_\_ x \$1.65 = \_\_\_\_\_  
# of Participants # of Calendar Days Premium Rate **PREMIUM DUE (\$35 minimum)**

*Please include list of participants with application.*

METHOD OF PAYMENT:  REQUEST INVOICE  NO INVOICE NEEDED  P.O. NUMBER \_\_\_\_\_

MC/VISA AUTHORIZATION: MC: \_\_\_\_\_ VISA: \_\_\_\_\_ - - - - -

\_\_\_\_\_  
Month / Year Security Code Zip Code of Cardholder

Name of Cardholder

Cardholder's Signature

**SPECIAL TRIP REQUEST AND DRIVER REPORT**

**TO:**  
 EDUCATIONAL SERVICES  
 BUSINESS SERVICES

**INSTRUCTIONS:** USE FOR ALL TRANSPORTATION OTHER THAN HOME TO SCHOOL. SUBMIT AT LEAST TWO WEEKS BEFORE TRIP. RETAIN COPY 5, SEND COPIES 1 - 4 TO EDUCATIONAL SERVICES FOR CURRICULAR, OR TO BUSINESS SERVICES FOR EXTRA-CURRICULAR. IF EQUIPMENT NEEDS TO BE TRUCKED, MAKE REQUEST UNDER "REMARKS".

**TO BE COMPLETED BY ORIGINATOR**

|                                                                                                       |            |                                                                             |                        |
|-------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------|------------------------|
| SCHOOL                                                                                                |            | DATE OF TRIP                                                                | DAY OF WEEK            |
| CLASBS OR ORGANIZATION                                                                                |            | PICK-UP POINT                                                               |                        |
| NO. OF PASSENGERS<br>STUDENTS:                      ADULTS:                                           |            | TIME OF DEPARTURE                                                           | ARRIVAL AT DESTINATION |
| PLACE OF VISIT                                                                                        |            | LOADING FOR RETURN                                                          | ARRIVAL AT SCHOOL      |
| ADDRESS OF PLACE VISITED                                                                              |            | CHARGE FOR TRIP<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |                        |
| ARRANGEMENTS WITH PLACE OF VISIT MADE <input type="checkbox"/> NOT NECESSARY <input type="checkbox"/> |            | IF CHARGE. NAME OF GROUP OR SPECIAL PROGRAM                                 |                        |
| PURPOSE                                                                                               |            | STUDENT BODY PURCHASE ORDER NUMBER                                          |                        |
| REMARKS:                                                                                              |            | ESTIMATED COST—NEAREST DOLLAR, IF CHARGE FOR TRIP                           |                        |
| TEACHER OR APPLICANT                                                                                  | HOME PHONE | _____ MILES @ _____ PER MILE \$ _____                                       |                        |
| PRINCIPAL'S SIGNATURE                                                                                 | DATE       | _____ HOURS @ _____ PER HOUR \$ _____                                       |                        |
|                                                                                                       |            | TOTAL \$ _____                                                              |                        |

**APPROVAL**

|                                                      |      |                   |                  |                       |
|------------------------------------------------------|------|-------------------|------------------|-----------------------|
| SPECIAL AUTHORIZATION                                | DATE | <b>ACCOUNTING</b> | JOB ORDER NUMBER | BUS                   |
| CURRICULAR — EDUCATIONAL SERVICES AUTHORIZATION      |      |                   |                  | TRUCK                 |
| EXTRA — CURRICULAR — BUSINESS SERVICES AUTHORIZATION |      |                   | ACCOUNT NUMBER   | TRUCK ABATEMENT OTHER |

**INSTRUCTIONS:** BUS AUTHORIZATION AND DRIVER REPORT  
 USE TOP LINE FOR ROUND TRIP - TWO LINES WHEN TWO RUNS REQUIRED FOR SINGLE TRIP.  
 ODOMETER READING AND CLOCK TIME:  
 A. DISTRICT  
 1. OUT-RECORD READING AT GARAGE OR LAST DISCHARGE POINT.  
 2. IN-RECORD READING AT GARAGE OR IF MAKING ANOTHER TRIP AT LAST DISCHARGE POINT.  
 B. CONTRACTOR - SHOW "LIVE" MILEAGE READING.

|                                                                                                                        |                  |                    |
|------------------------------------------------------------------------------------------------------------------------|------------------|--------------------|
| NAME OF DRIVER                                                                                                         | DISTRICT BUS NO. | NAME OF CONTRACTOR |
|                                                                                                                        |                  |                    |
| ASSIGNMENT: ROUND TRIP <input type="checkbox"/> OUT ONLY <input type="checkbox"/> RETURN ONLY <input type="checkbox"/> | CONTRACT NO.     |                    |

DISPATCHER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

| TRIP  | NO. PASSENGERS |        | ODOMETER READING |       | MILES | CLOCK TIME |     | TIME |
|-------|----------------|--------|------------------|-------|-------|------------|-----|------|
|       | STUDENTS       | ADULTS | END              | BEGIN |       | BEGIN      | END |      |
|       |                |        |                  |       |       |            |     |      |
|       |                |        |                  |       |       |            |     |      |
| TOTAL |                |        |                  |       |       | TOTAL      |     |      |

DRIVER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ NO. **87445**





**BUSINESS DEPARTMENT – Business Services  
Transportation Branch**

Extension 1515

FAX (562) 427-6922

September 1, 2012

To: All Schools and Offices

From: Paul B. Bailey   
Transportation Director

Re: **RATES FOR SPECIAL FIELD TRIP BUSES and TRUCKS**

**PLEASE DISTRIBUTE IMMEDIATELY to all persons who request or fund buses and trucks for special field trips.**

As you are aware the current financial condition of the State has caused the District to reduce spending and eliminate non-mandated services. School bus transportation service to schools has been one of those affected areas. Subsequently, the number of buses available on a daily basis to schools for field trips has also been drastically reduced. Since 2002, we have eliminated 143 buses in daily service to the District. This year, only 22 daily buses will remain, and it will be fewer next year. This will not be enough buses to support the number of daily special field and athletic trips we currently provide. This means that we will need to supplement trip service with charter school buses. Unfortunately, that also means some additional cost. Charges will be the same regardless of if the school bus service is provided by the District or a contractor.

**Effective July 1, 2012, the charges for all special trips are as follows:**

**School Bus for four or more hours will be charged: \$335 for a five hour minimum.  
Additional hours past five: \$52 per hour. (no mileage charge)**

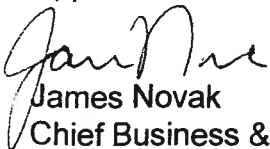
**School Bus for four hours or less will be charged: \$67 per hour.  
(no mileage charge)**

**District Truck per hour: \$50.00 (no mileage charge)**

**Additional Note:** We are rolling out a new electronic Trip Request System during this year which will eliminate much of the paperwork and streamline the request and approval of trips, all online. More details about that will be sent out in a separate memo.

If you have any questions, please contact Assistant Director, Sue Perkins or me. Thank you for your assistance.

Approved:

  
James Novak  
Chief Business & Financial Officer



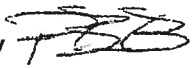
**BUSINESS DEPARTMENT – Business Services  
Transportation Branch**

Extension 1515

FAX (562) 427-6922

September 1, 2012

To: All Schools and Offices

From: Paul B. Bailey   
Transportation Director

Re: **TRIP REQUEST PROCEDURE FOR SPECIAL FIELD TRIP BUSES and TRUCKS**

**PLEASE DISTRIBUTE IMMEDIATELY to all persons who request buses and trucks for special field trips.**

We are rolling out a new electronic Trip Request System during this year which will eliminate much of the paperwork and streamline the request and approval of trips, all online. We are currently using the system called "TOM" in the Transportation Dispatch office to track, assign and bill trips. The school version called "Web Trips" will be phased in during the year.

We are still using the old "Special Field Trip Request and Driver Report" for now. There are, however, some changes to the procedure.

**Effective July 1, 2012, the procedure for all special trip requests are as follows:**

**School or site will complete the Trip Request form as usual. Be sure to note if the bus driver needs to pick up lunches and if a special lunch stop is needed.**

**You MUST complete the funding section by supplying the following:**

**An accurate internal District account #(check with your site's Budget Analyst if you are uncertain of the number.**

**A student body P.O. #**

**A named outside funding source for the trip (ie: PTA, school business partner or place of visit.)**

**The school Principal or site Administrator must approve (sign) the Trip Request.**

**If any funds monitored by the Special Projects Office are used, they must approve the trip.**

**If WRAP is funding the trip, the WRAP Office at Birney, must approved the trip.**

**Otherwise, send or bring the Trip Request directly to the Transportation Branch.**

-continued-

**Items no longer required for Trip Requests:**

**You do NOT have to call the Transportation Branch to “book” the trip in advance. You may call for assistance if you need or wish to do so.**

**You do NOT have to send the Trip Request to the Elementary, Middle or High School offices for approval.**

**You do NOT have to send the Trip Request to the Accounting Branch for processing.**

If you have any questions, please contact the Transportation Branch.

Thank you for your assistance.

Approved:



James Novak  
Chief Business & Financial Officer

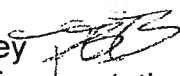


## TRANSPORTATION BRANCH

2700 Pine Avenue, Long Beach, CA 90806-2617  
(562) 426-6176

September 1, 2012

To: All School Principals  
School Secretaries  
High School Activity Specialists

From: Paul B. Bailey   
Director of Transportation

Subject: **BUS SCHEDULING FOR FIELD TRIPS**

The following is a list of the most common areas of concern when making bus plans for field trips. If you have any additional questions regarding transportation services, please contact us. Thank you for your cooperation.

- **District buses** are only available for day trips between 9 a.m. and 2 p.m., when school routes are not running. District buses are limited, trips will be chartered after all available district buses have been used. Schools requesting to travel between 7 a.m. and 9 a.m. and/or 2p.m. to 4 p.m. will usually be chartered.
- **First Student buses** contracted to the District on regular routes are also only available for day trips between 9 a.m. and 2 p.m., when school routes are not running. These buses are scheduled on trips after all District buses are assigned. **First Student buses have a capacity of 63 passengers**, so you must be certain you are accurate on your passenger count and the number of buses requested. As a result of current reductions in daily bus service, these buses are now very limited, so book early!
- **Charter buses** may not have P.A. systems (for tour-type trips) or adequate space for lunch containers or other equipment. Charter drivers are not usually as familiar with trip destinations, standards and procedures as are district and regular contracted drivers. Most charter bus companies will charge a cancellation fee, if the cancellation occurs with less than 24 hours notice. Schools may prefer to avoid chartered trips whenever the aforementioned items are of concern.
- **Booking Trips: You will NOT need to call** the Transportation Dispatch Office to book your trips *before* submitting the trip request for processing. Requests will be able to be made online, or you may still submit the paper form. Manual paper form requests may take up to three weeks for approvals and processing when going through the school mail. **Please include a specific lunch stop on the trip request if lunch will be a part of the trip, and indicate if the bus needs to pick up lunches at the District Nutrition Center.**

Please see the separate publication on how to use the online Trip Request system.



- **Dates to Avoid:** On the first Tuesday of each month, the Transportation Branch conducts required monthly safety meetings for all district drivers. Because of this requirement, district drivers are unavailable for field trips on the meeting day, and all day trips scheduled for that day will be chartered. The following meeting dates are scheduled for school year 2012-13:

|             |           |            |            |           |
|-------------|-----------|------------|------------|-----------|
| September 4 | October 2 | November 6 | December 4 | January 8 |
| February 5  | March 5   | April 9    | May 7      | June 4    |

- **Other dates to avoid** for field trips include major elementary programs which use a large number of buses (i.e., Long Beach Symphony), parent conference days (unless half-day trips are planned), and conflicts with middle and high school schedules. The following dates are scheduled for 2012-13:

|                                  |                                       |
|----------------------------------|---------------------------------------|
| Back to School Night             | September 19, October 2, 3            |
| Elementary Conferences (6 days)  | November 5-13                         |
| Secondary "Floating Day"         | November 21                           |
| Winter Break                     | December 21                           |
| Fall Finals (High School)        | January (22), 23, 24, 25 (Block only) |
| Long Beach Symphony              | January 9, 10                         |
| Elementary Conferences (2 days)  | February 26 - 27                      |
| Open House                       | March 26, 27, 28                      |
| Secondary "Floating Day"         | March 29                              |
| Spring Finals (High School)      | June (7), 10, 11, 12 (Block only)     |
| Last day of school (Traditional) | June 13                               |

- **School Vacation Periods:** Trips may be chartered during winter and spring breaks. Although district buses are available, most district drivers are scheduled to be off work on the following dates:

|              |                               |
|--------------|-------------------------------|
| Winter Break | December 24 through January 4 |
| Spring Break | April 1 through April 5       |
| Summer       | June 17 through September 3   |

Publication Authorized:



James Novak

Chief Business and Financial Officer

- c: Assistant Superintendents  
 Business Office  
 Public Information Office  
 Music Office  
 CDC Central Office  
 Head Start Central Office  
 City of Long Beach Parks & Recreation



## Special Projects Services

### Procedure For Parent or PTA Funded Field Trip

1. Make the usual arrangements with Transportation Branch and place to be visited.
2. Fill out the ***SPECIAL TRIP REQUEST AND DRIVER REPORT*** form. In the box asking for the account number, indicate who is paying for the trip.
3. Attach a letter of promise to pay (see sample) from the PTA/Parent/Group.
4. Send form and letter to appropriate office for approval.

**NOTE:** Accounting Branch will invoice the PTA/Parent/Group for the cost of the trip. Check should be made payable to Long Beach Unified School District.

SAMPLE LETTER

Date

Business Manager  
Long Beach Unified School District  
1515 Hughes Way  
Long Beach, CA 90810

Dear Sir:

\_\_\_\_\_ wishes to fund a field trip to \_\_\_\_\_  
(PTA/Parent/Group)  
for students at \_\_\_\_\_ School. Payment  
for the trip will be made to Long Beach Unified School District upon receipt of  
invoice.

Sincerely,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street

\_\_\_\_\_ City \_\_\_\_\_ Zip

\_\_\_\_\_  
Telephone



## Special Projects Services

### Procedure To Cancel a Field Trip

**If you need to cancel a field trip for any reason (rain, funding loss etc.), please call ASAP the following departments:**

1. Transportation to cancel a bus. Talk to: Trip Dispatch, telephone 426-6179 or extension 1515.
2. If you have ordered sack lunches, call Central Kitchen **before** 8:00 a.m. at telephone number 424-6484 or district extension 1507 X 260.
2. If a buy-out requisition has been submitted for admissions, and a purchase order has not been processed, contact Purchasing to request a buy-out cancellation.
4. If a buy-out requisition has been submitted for admissions, and a purchase order has been processed, send purchase order and receiving report back to Purchasing with a "Notice of Cancellation." **DO NOT SIGN** the authorization for payment on the receiving report.