

FALLSBURG CENTRAL SCHOOL DISTRICT TRIP REQUEST FORM

Itinerary MUST be attached when submitting this form

Completed form should be submitted to Building Principal at least 30 days before trip

TRIP INFORMATION

<input type="checkbox"/> In State		<input type="checkbox"/> Out of State		<input type="checkbox"/> Overnight <i>(To be reviewed by BOE)</i>	
School: <input type="checkbox"/> BCES <input type="checkbox"/> JR./SR. HIGH SCHOOL		Trip Date:			
Grade(s)/Group/Organization Involved:			Teacher's Name submitting request:		
# of Students:			# of Support Staff:		
# of Teachers:			# of Adult Chaperones		
# of Substitutes Needed:			# of Buses Requested:		
Destination: <i>(enter complete address)</i>					
Departure Date:			Departure Time: A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>		
Return Date:			Return Time: A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>		
How will students return home? <input type="checkbox"/> Regular Bus <input type="checkbox"/> Parents <input type="checkbox"/> Late Bus <input type="checkbox"/> Other:					

OBJECTIVES/ACTIVITIES

List objectives of the field trip:
List activities you will use to lead up to the day of your field trip:
List follow up activities after your return:

OTHER COSTS

Other travel arrangements: <i>(airfare, train, shuttles)</i>			
Anticipated Student Expenses:			
Admission:	Meals:	Transportation:	Other:
Is there a school organization that is helping to support the cost of the trip? (ex: PTA, SGA) <input type="checkbox"/> YES <input type="checkbox"/> NO			
If Yes, provide Name of the Organization:			
How much support are they providing?:			

OVERNIGHT TRIPS

# of Student Rooms:	# of Adult Rooms:
# of Students per room:	# of Adults per room:
Hotel Name:	
Hotel Address & Phone:	
Date presented to Board of Education:	Approved? <input type="checkbox"/> YES <input type="checkbox"/> NO

Signature of Staff Member:	Date:
X	

APPROVALS

APPROVED

DENIED

Date: _____

Signature for Principal: X _____

If denied, reason for denial: _____

APPROVED

DENIED

Date: _____

Signature for Superintendent: X _____

If denied, reason for denial: _____

FOR BUSINESS OFFICE ONLY

Date Request Received:

Date Bus Ordered:

Total Cost of Trip:

Budget Code:

\$

Signature of Business Official: X _____

4531 Field Trip and Excursions Policy

The Board of Education recognizes the desirability of providing off-campus experiences which will enhance the educational program of the school system. The Superintendent of Schools will determine the frequency and content of class field trips. Each student must secure the permission of his/her parent or guardian before participating in such activity.

For purposes of this policy, a field trip shall be defined as any journey by a group of students away from the school premises, under the supervision of a teacher, which is an integral part of an approved course of study and conducted for the purpose of affording a first-hand educational experience not available in the classroom.

Field trips are a part of the curriculum of the schools, and student behavior on field trips is governed by the same rules as regular classroom activities.

Factors relevant in consideration of approval of such field trips may include the relationship to the curriculum, the distance of the trip, availability of transportation, the cost involved, weather conditions, and full utilization of transportation. In order to make necessary transportation arrangements, all requests for day field trips must be submitted to the appropriate Building Principal at least one week prior to the trip date.

Overnight Field Trips

Trips in excess of one day involving overnight travel should be approved by the Superintendent of Schools prior to making any commitments or arrangements. Requests for overnight trips should be made at least three months in advance of the planned event.

Transportation

When the district provides transportation to students on a school-sponsored field trip, extracurricular activity or any other similar event, it shall provide transportation back to either the point of departure or to the appropriate school in the district unless:

1. the parent or legal guardian of a student participating in such event has provided the district with a written notice authorizing an alternative form of return transportation for the student; or
2. intervening circumstances make such transportation impractical

Where intervening circumstances have made transportation back to the point of departure or to the appropriate school in the district impractical, a representative of the district shall remain with the student until such student's parent or legal guardian has been contacted and the student has been delivered to his/her parent or legal guardian.

ALCOHOL TESTING

In order to safeguard the individual and general welfare of all students, the Fallsburg Central School District may administer an alcohol test as a condition of admission to, or continued attendance at, proms, dances, overnight activities, and field trips.

The administration will conduct testing based on reasonable suspicion that a student has consumed, possessed, sold, distributed, or is under the influence of alcohol. A student shall be considered "under the influence" if he or she has consumed alcohol within a time period reasonably proximate to his/her presence at proms, dances, overnight activities and field trips; or in quantities that make such consumption evident.

Students exhibiting signs of having consumed alcohol, including, but not limited to glassy eyes, slurred speech, unsteadiness on the feet or emission of an alcoholic odor may be requested to take an Alcohol Test administered by a school administrator or school resource officer (where practicable). If test results are negative, no action shall be taken. If a student tests positive for alcohol, he or she will receive one additional opportunity to take the test. Students who test positive for alcohol or students who refuse to take an Alcohol Test upon reasonable suspicion that they have consumed alcohol will be subject to all school rules and consequences relating to the use and/or possession of alcohol.

Protocol for Use of an Alcohol Test

1. The Alcohol Test can be used at proms, dances, overnight activities, and field trips on or off of school grounds (off of school grounds only if it is a school sponsored event, like a Prom that takes place at a hotel, restaurant or dining hall).
2. The Alcohol Test, where practicable, will be administered by a school administrator or school resource officer. Other personnel may be authorized by the Superintendent to administer the Alcohol Test. Anyone who administers the Alcohol Test must have been previously trained in the use of alcohol testing equipment.
3. There will, where practicable, be two people present when the observation checklist is completed and the Alcohol Test is administered (for example, another school administrator, a teacher, a TA, etc.).
4. The Alcohol Test, where practicable, will be administered in a private area, away from other students.
5. The student will have two opportunities to take an Alcohol Test. The initial test may be administered at any time. A second test will be conducted fifteen minutes after the first test has been administered. The results of the Alcohol test(s) will be documented and attached to the observation checklist.
6. If a student does not pass an Alcohol Test, his/her parents will be notified and must come to pick him/or her up. If a parent/guardian cannot be reached, the student may be placed in protective custody by the police department in the town where the event is located until a parent/guardian can pick up the student.
7. Students who test positive for alcohol or refuse to take an Alcohol Test will be subject to all school rules and consequences relating to the use and/or possession of alcohol. Students may receive in-school and out-of-school suspension in addition to any punishment given under this policy.
8. The school District will work with students and families with regard to counseling and alcohol abuse education.

School Sponsored Event

1. The administration will determine at which school-sponsored events the Alcohol Test procedures will be used. These events include proms, dances, overnight activities, and field trips.
2. The administration will conduct testing based on reasonable suspicion that a student has consumed, possessed, sold, distributed, or is under the influence of alcohol. The trained administrator or trained staff member present at such events has the authority to test and retest any individual suspected of being under the influence of alcohol.
 - a. Any student who tests positive will be given a second test after a waiting period of fifteen (15) minutes;
 - b. If this test is also positive, the student will be denied entrance and/or continued participation at the event, detained by school officials until parent/guardians arrive and an investigation is conducted. The student will be sent home and, subject to disciplinary procedures. Students who refuse the test will be detained until parent/guardians arrive to remove them. In such cases, the student may be subject to discipline procedures which may include suspension for 5 days and a Superintendent's hearing pursuant to section 3214 of Education Law.
 - c. A student who tests positive or refuses to be tested may be prohibited from participating in future extra-curricular activities.
3. The Alcohol Testing Policy shall apply to all students and guest, regardless of age.

**Alcohol Observation Checklist
Observation of Student**

Name: _____ Date: _____ Time: _____ Event/Location: _____

Check all that apply:

1. Walking

normal stumbling staggering falling unsteady

2. Speech

normal shouting slurred incoherent whispering

3. Demeanor

normal sleepy crying fighting overexcited agitated

4. Eyes

normal bloodshot glassy watery dilated

5. Personal Conduct

normal profanity hostile erratic

6. Breath

normal alcoholic odor faint alcoholic odor

7. Other Observations: _____

Questions:

Are you feeling ill? Yes No If yes, please describe _____

Are you taking any medication? Yes No
If yes, would you care to tell us what it is? _____

Have you consumed alcohol today? Yes No

How did you get here? _____

Disposition/conclusion: _____

Next action: _____

Contact parents: Yes No

Alcohol Test results attached: Yes No

Staff member's name: _____ Witness _____

FALLSBURG CENTRAL SCHOOL DISTRICT

Ivan Katz, Ed. D., Superintendent of Schools

PO Box 124, 115 Brickman Road

Fallsburg, NY 12733

Voice: 845-434-6800 Fax: 845-434-8346

Web: www.fallsburgcsd.net

Rules/Regulations for Overnight Field Trips

In order to insure a pleasurable experience for all, the following guidelines will be enforced. Failure to comply with the rules listed below will result in loss of privileges and/or early return from the field trip:

1. **ABSOLUTELY NO DRUGS, ALCOHOL OR TOBACCO WILL BE TOLERATED.**
2. To help insure compliance with rule #1, the administration *reserves the right* to check all bags **BEFORE** the bus leaves the school! This includes all luggage, pocketbooks and backpacks. Anyone found in possession of any of the substances detailed in rule #1 will be prevented from traveling **WITHOUT REFUND.**
3. Students caught on the trip after departure with any of the substances detailed in rule #1, will be sent home immediately, **AT THEIR PARENTS EXPENSE**, by means of public transportation.
4. Should a student be arrested or detained by authorities, the chaperone will call the parents/guardians of the student immediately. Following contact, it is the responsibility of the **PARENT/GUARDIAN** to arrange for legal representation, bail, etc.
5. No students will, at any time, show disrespect to the chaperones.
6. Students must be in their rooms at times designated by the chaperones.
7. Students must follow the itinerary as directed by the chaperones. This includes tours, activities, etc.
8. This is a school trip and all Fallsburg School District policies will be enforced! The school handbook will determine the policies of the district.
9. Rooms are to be designated "same sex". No boys shall be in a girl's room and vice versa.
10. Parents and student participants **MUST** sign below and return this form to the chaperone in charge. Failure to return this form signed by all parties will result in forfeiture of privileges to participate.

Thank you for helping us to make this trip a memorable event in your child's educational career.

We have read the above rules regarding the Fallsburg School District overnight field trip and understand the contents. We agree to comply with these regulations.

STUDENT SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PREPARE TODAY * SUCCEED TOMORROW * INSPIRE EXCELLENCE * CHALLENGE THE WORLD

Fallsburg Jr./Sr. High School
PO Box 124
115 Brickman Road
Fallsburg, NY 12733
Voice: 845-434-6800
Fax: 845-434-0168

Benjamin Cosor Elementary School
PO Box 123
15 Old Falls Road
Fallsburg, NY 12733
Voice: 845-434-4110
Fax: 845-434-0871

Guidance Office
PO Box 124
115 Brickman Road
Fallsburg, NY 12733
Voice: 845-434-6124
Fax: 845-436-0207

Pupil Personnel Services
PO Box 124
115 Brickman Road
Fallsburg, NY 12733
Voice: 845-434-0467
Fax: 845-434-8346