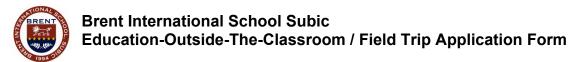
Guidelines for Preparing for a Field Trip

Two Weeks Before the Field Trip submit application form to the principal for approval
One Week Before the Field Trip finalize travel itinerary finalize travel arrangements & contingency plan with the Personnel Officer distribute permission letters to the students finalize list of students and chaperones
Three Days Before the Field Trip collect forms and payment from students provide the driver with the address of the destination and a copy of the contingency plan
Day Before the Field Trip submit sub plan to the offices concerned collect payment for fees and per diem from Accounting Office (if applicable) get first aid kit from the Clinic (if there is no trained medical professional joining the trip distribute information packets* to principal and chaperones *information packets must contain the following: copy of approved application form final travel itinerary list of participating students and emergency contact information list of hospitals/emergency service units in the area
Day of the Field Trip double-check address & contingency packet with the driver attendance check prior to boarding the bus



TO BE SUBMITTED AT LEAST **TWO WEEKS** BEFORE THE TRIP

Grade & Section: No. of Students: Subject/s Involved (for MS/US): Teacher-in-Charge: Contact Number: Purpose/Objectives:	
Purpose/Objectives:	
Purpose/Objectives:	
Affected Classes (for MS / US)	
<u>Date & Time</u> <u>Block</u> <u>Subject / Teacher</u>	
	
II. Field Trip Details	
Title of the Activity:(if applicable)	
Address:	
Contact Person: Contact Number/s:	
Date/s of Field Trip: Day Trip Overnight	
Departure Time: Estimated Date & Time of Return:	
Ocular at site accomplished? No Yes, date of visit:	
Security clearance? No Yes, date of visit:	
Travel Itinerary (Feel free to attach a separate sheet to this form if the space below is not enough)	
Time Venue Activity	
Estimated Cost	
Cost per Student Cost per Ac	lult
Entrance Fee	
Transportation	
Meal/s	
Accommodations	
Accommodations	

III. Endorsements and Approval This field trip has been endorsed by: Head of Department (Name & Signature) This field trip has been: APPROVED DENIED for the following reasons: Principal TO BE FILLED-OUT AFTER APPROVAL HAS BEEN GIVEN IV. Transportation Arrangements & Support Staff (To be coordinated with the Brent Subic Personnel Officer) Additional Personnel Name Contact Number Driver Driver's Assistant Driver's Assistant Uffeguard Security Officer Total Number of Passengers: Vehicle/s Assigned (Plate Number): Max. Passenger Capacity of Assigned Vehicle:	Chaperones (Dependent on	the nature of the activity – please of		
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□ Driver's Assistant □ Nurse □ Lifeguard □ Security Officer Total Number of Passengers: Vehicle/s Assigned (Plate Number):	<u>Additional Personnel</u>	<u>Name</u>		Contact Number
Nurse Lifeguard Security Officer Total Number of Passengers: Vehicle/s Assigned (Plate Number):	☐ Driver			
Nurse	☐ Driver's Assistant			
Lifeguard Security Officer Total Number of Passengers: Vehicle/s Assigned (Plate Number):	Nurse			
Security Officer Total Number of Passengers: Vehicle/s Assigned (Plate Number):	_			
Total Number of Passengers: Vehicle/s Assigned (Plate Number):		·	_	
	Total N	Number of Passengers:	Vehicle/s Assigned (Plate Number):

Dear Parents/Guardians,		
This letter is to inform you of a pending out	-of- school activity.	
Nature of the Activity:		
D (4 T'		
Date/s:	Cost:	
Departure from Brent:		
Students are requested to bring:		
NOTE: ALL STUDENTS WILL RETURN TO BRENT A NO OTHER ARRANGEMENTS WILL BE MAI	AFTER THE ACTIVITY. DE UNLESS THE TEACHER-IN-CHARGE IS NOTIFIED IN ADVANCE.	
allowed to attend the activity. The return of the sign the times the child will be out of school and the arr	the permission slip below to signify if your student is/is not gned slip informs the School that you are aware of the activity, rangements that have been made for the trip. Any student that cated deadline will not be allowed to accompany the group.	
	Sincerely yours,	
	Sincercity yours,	
		
Noted by:		
Principal		
×		
PEF	RMISSION SLIP	
Permission slips & payment must be submitted by	so that appropriate arrangements can be made.	
YES, my child may p	participate in this field trip / activity.	
	ot participate in this field trip / activity because	
	repaired pate in this field trip / activity because	
Name of Student:	Grade & Section:	
	Signature:	
Any medical issues we should know about?		
In case of emergency, please call:		