



Brent International School Subic Field Trip / Club Out of School Activity Application Form

Guidelines for Preparing a Field Trip / Out of School Club Activity

Two Weeks Before the Field Trip:

- Prepare a proposed schedule of activities and attach to application form
- Inform all affected teachers that students will be out of school
- Plan travel arrangements with contingency plans and attach to application form
- Prepare a permission letter for parents and attach to application form. Permission letter should include:
 - Purpose of field trip
 - Venue of field trip
 - Travel and activity schedule
 - Cost (if any)
 - Faculty and staff chaperones
 - Clothing and food requirements
- Submit completed **application form** to principal for approval

Once application is approved:

- PRINCIPAL** – submit copy of approved forms to Headmaster for acknowledgment
- HEADMASTER SECRETARY** – make three copies of field trip application form – return one to the Field Trip Teacher in Charge, **ORIGINAL** copy to Ms. Edna, one copy to LS/MS/Activities Director and HM Secretary keeps one copy.

Three Days Before the Field Trip:

- Confirm transportation schedule with Ms. Edna
- Confirm with Ms. Edna substitute teachers have been arranged
- Send email reminder to inform all affected teachers that students will be out of school
- Collect signed student permission letters and any payment required for the activity
- Distribute information about travel schedule, activity schedule, contingency plan, student groupings, and emergency contacts to all faculty and staff attending.

Two Days Before the Field Trip:

- Submit substitution plans to the appropriate secretary

Day of the Field Trip:

- Check if the driver knows the address and understands any special instructions
- Check attendance before boarding the bus
(if students are absent, inform the LS/MS/US office before departure)



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TO BE SUBMITTED AT LEAST TWO WEEKS BEFORE THE FIELD TRIP

Name of Teacher in Charge: _____

Contact Number of Teacher in Charge: _____

Number of Students: _____ Grade(s): _____

Date(s) of Field Trip: _____

Departure Time: _____ Estimated Time of Return to Brent: _____

Purpose / Objective of the Field Trip:

Venue of Field Trip / Address: _____

Name of Contact Person: _____ Contact Number: _____

Site Ocular Visit Complete? NO YES Yes, date of visit: _____

Security Clearance of Site Complete? NO YES Yes, date of visit: _____

• NOTE: Ocular visit and Security clearance notes must be attached to this form. Both are valid for 6 months from the date of visit.

- Student List** – attach a complete list of students who will attend the field trip (MS and US only)
- Travel and Activity Schedule** – attach a complete travel and activity schedule to this request
- Letter to Parents** – attach a copy of the parent letter and permission slip to this request
- Contingency Plan** – attach a copy of contingency plan to this request

Estimated Costs – include entrance fees, meals, accommodation and any additional costs

TOTAL COST PER STUDENT:

Faculty and Staff Chaperones

Faculty / Staff Name	Substitute Teacher Required

Substitute Teacher Arrangements – please list all classes that will require a substitute teacher

Date and Block	Subject	Substitute Teacher Assigned (office use only)

* If additional space is required, please add as an attachment

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ENDORSEMENT

This field trip has been endorsed by:

Head of Department

LS/MS/US Principal / Activities Director

APPROVAL

This field trip has been:

APPROVED

DENIED

Approved by: LS/MS / US Principal / Activities Director

Reason for denial:

Acknowledged by: HEADMASTER

Date

TO BE COMPLETED ONCE APPROVAL HAS BEEN GIVEN

Personnel Office use only

	Name	Contact Number
<input type="checkbox"/> Driver	_____	_____
<input type="checkbox"/> Driver's Assistant	_____	_____
<input type="checkbox"/> Nurse	_____	_____
<input type="checkbox"/> Life Guard	_____	_____
<input type="checkbox"/> Security Officer	_____	_____
<input type="checkbox"/> _____	_____	_____

Vehicle(s) assigned (plate numbers): _____

Total Number of Passengers: _____

Max. Capacity of Assigned Vehicle(s): _____

Substitute Teachers Arranged

Per Diem Requested – faculty: _____

staff: _____

Additional Requirements:

□



DATE

Dear Parents / Guardians,

On (DATE), the (GRADE/CLASS) will visit (VENUE) to learn about (PURPOSE OF ACTIVITY).

Students will leave school at (TIME OF DEPARTURE) and return at (TIME OF ARRIVAL AT BRENT). (NAMES OF FACULTY AND STAFF WHO WILL JOIN THE ACTIVITY), will chaperone this field trip.

The total cost of this field trip is (COST). Please pay this amount to (NAME OF TEACHER TO GIVE PAYMENT TO) by (DUE DATE OF PAYMENT).

On the day of the field trip, students are required to wear (OUTLINE CLOTHING EXPECTATIONS) and bring (LIST ANY ITEMS STUDENTS NEED TO BRING). Students may also bring (LIST ANY ADDITIONAL ITEMS eg. SPENDING MONEY) on the field trip.

The schedule of activities for this field trip is attached. (ATTACH SCHEDULE FOR PARENTS TO SEE)

Please complete the permission slip below and return to (NAME OF TEACHER) by (DUE DATE OF FORM).

Thank you for your support of this wonderful learning opportunity.

Sincerely,

SAMPLE ONLY

(TEACHER NAME)

Noted By:

(PRINCIPAL / ACTIVITIES DIRECTOR)



PERMISSION SLIP

Please submit this form to (NAME OF TEACHER) by (DUE DATE) together with field trip payment.

Name of Student: _____

Grade / Section: _____

- Yes, my child may participate in this activity
- No, my child will not participate in this activity

Name of Parent / Guardian: _____

Emergency Contact Number of Parent / Guardian: _____

Are there any Medical Issues the school should know about: No Yes, please list below

Signature of Parent / Guardian: _____ Date: _____