

# REGULATION OF THE PRINCIPAL

Category: **STUDENTS**  
Subject: FIELD TRIPS AND EXCURSIONS

Issued: 6/28/17

Number: SA-R-706  
Last Revised 6/23/17

## SUMMARY

This regulation sets forth the procedures for providing off campus experiences, which will enhance the educational program of Fei Tian Academy of the Arts-Middletown (FTAA-MT)

## INTRODUCTION

Anyone proposing a field trip (called the trip sponsor) must complete the appropriate field trip request form (See Exhibit A) and get approval from the department chair before submitting it to other departments for consideration. The principal will ultimately review the request form and review the information by the requesting staff member. Factors relevant in consideration of final approval of such field trips may include the relationship to the curriculum, distance, transportation, costs, and weather conditions. Requests for all field trips must be submitted using the approved form, including any requested information. All field trips outside of Middletown, NY or involving day students shall have four stages of approval.

## SCHOOL-SPONSORED TRIPS

### Day Trips

In order to make necessary transportation arrangements, all requests for **day** field trips must be submitted to the logistics department or designee **at least one (1) month** prior to the trip date, for consideration. An appropriate Field Trip Request Form shall be completed by the Trip Advisor. The principal's approval is required for overnight field trips.

If the logistics department approves the trip, he/she must then submit the approved trip request form to the Finance Department. If the necessary funding is available, the Finance Department will notify the trip advisor via email then submit the request to the Principal or designee for final approval. If approved, the principal's office will send the trip advisor an email confirming the approval.

The trip sponsor must then advise interested students to sign up on the Activity and Event Registration Form (Exhibit B). Each Day student must secure the written permission (See Exhibit C) of his/her parent or guardian before participating in any Field Trip. Boarding and Homestay students are under the parental authority of the school.

After the Registration Form is complete, the trip advisor will take it to the administrative office. Students will pay for the trip at the administrative office and receive a receipt. The Trip Advisor must review each student's payment receipt and confirm payment on the Fee and Billing List

(Exhibit D). The Trip Advisor must submit the completed Fee and Billing List to the Finance Department. Students who do not produce a receipt will be billed by the Finance Department.

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

1. The parent or legal guardian of a student participating in such event has indicated on the consent form 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 school impractical, a representative of the school shall remain with the student until such student's parent or legal guardian has been contacted by the Trip Advisor and the student has been delivered to his/her parent or legal guardian.

It is the responsibility of the parent to make arrangements for immediate return of any student who chooses not to follow the Code of Conduct or trip behavior contract. Parents are expected to escort their child home and pay any additional costs associated with their child's return.

### **Overnight Trips**

All Field Trips or Excursions involving overnight travel must be approved by the Principal prior to making any commitments or arrangements. Requests for these trips should be made **at least two (2) months** in advance of the planned event. The trip advisor will submit the completed request and all supporting documentation for approval by the Principal.

Students are responsible for any schoolwork missed while on an overnight trip.

### **GUIDELINES FOR SCHOOL SPONSORED TRIPS**

- A. All field trips must be preceded by appropriate preparatory instruction and be followed up by appropriate post-field trip assessment or other activities that lead to additional learning as an outcome of the trip or as an introduction to other learning.
- B. In general, field trips must be limited to an interval not to exceed the length of a school day and confined to a reasonable distance from Middletown, N.Y.
- C. All trips must have a written itinerary with locations, phone numbers, and estimated time of arrival at each location. A copy of this itinerary must be left at the school office. Out of

state itineraries must also be sent to the office of the principal.

- D. Chaperones must carry with them a complete list (See Exhibit E) of the students and adults on the trip with emergency contact numbers listed for each individual.
- E. Chaperones must be aware of special medical problems, allergies, handicaps, special prescriptions, etc., of students who are participants on the trip. Chaperones must also carry a list of any medications that students require and such medication must be carried by a FTAA-MT staff member or the parent of the student. Pre-arrangements must be made for administering medication.
- F. Chaperones must carry a list of school emergency contact numbers so they can reach a school official if needed. Should accidents or medical emergencies occur, the trip advisor must immediately notify the principal. If an emergency occurs, teachers need to be prepared to provide complete information about the incident. Parents will be contacted by a school official.
- G. If transportation is other than a FTAA-MT school bus, trip advisor must list the transportation carrier on appropriate documents. All vehicles must have a first aid kit on board.
- H. If a trip will cause a significant number of students to miss lunch at school, trip advisor shall order food service on the field trip request form several days in advance.
- I. On trips outside of Middletown, it is advisable to use the following ratio of adult chaperones (inclusive of the teachers/sponsors). Depending upon the activity, this ratio may be adjusted by the Principal.

**Day Trips:**

<b>Grade</b>	<b>Students</b>	<b>Adults</b>
6 - 8	12	1
9 -12	20	1

**Overnight Trips:**

<b>Grade</b>	<b>Students</b>	<b>Adults*</b>
6 - 8	6	1
9 -12	10	1

\*Overnight travel requires a minimum of 2 chaperones.

- A. While the number of teacher chaperones may vary depending on the nature of the trip, any overnight trip must have a minimum of two chaperones and, if the student population on the field trip is both male and female, one chaperone must be male and one female. Parents/guardians must sign a form acknowledging their willingness to serve as a chaperone (See Exhibit F). All chaperones must be approved by the principal.
- B. Adult chaperones (e.g., other staff personnel, parents, etc.) who accompany the group must be briefed by the teacher/sponsor as to purposes of the trip, procedures, possible hazards, supervisory responsibilities, etc., and must receive a copy of any written procedures. Teachers will keep a Chaperone List (See Exhibit G).
- C. The Board of FTAA-MT secures liability insurance, pursuant to New York Law, for protection of teachers and other employees who act as chaperones on trips.
- D. The Principal reserves the right to reconsider any previously approved student trip. In the event of such a cancellation, the Principal assumes no responsibility for losses incurred by parents.
- E. School system employees shall accept no commission or other remuneration except that employees may receive reimbursement of their expenses.
- F. All fund-raising activities conducted to help finance such travel must be in accordance with Principal's Regulation for fund raising.
- G. Parents are responsible for any cost incurred for students who are sent home early because of a behavioral infraction or returning home early for any other reason.
- H. If private vehicles are used, the person operating them must submit evidence of liability insurance.

**INQUIRIES**

Inquiries pertaining to this regulation should be addressed to:

Telephone:	Director of Student Affairs	Email:
1+ (845) 341-1935	42 Jason Place	contactus@feitianacademy.org
	Middletown, NY 10940 USA	

Last Revised 6/23/17

**EXHIBIT A**  
**SCHOOL-SPONSORED FIELD TRIP REQUEST FORM**

**Form to be completed by the advisor of the field trip. The completed form needs to comply with Regulation SA-R-706.**

Date of Request \_\_\_\_\_

Type of Trip: \_\_\_\_\_ Day Trip \_\_\_\_\_ Overnight Trip \_\_\_\_\_ Athletics

Advisor Name \_\_\_\_\_

Class(es) \_\_\_\_\_

Date(s) of Trip \_\_\_\_\_

Destination \_\_\_\_\_

Number of Students \_\_\_\_\_

Time of Departure \_\_\_\_\_

Time of Return \_\_\_\_\_

Number of Teachers/Chaperones \_\_\_\_\_ (see Regulation A-706 – Chaperone guidelines)

Point of Departure \_\_\_\_\_

Point of Return \_\_\_\_\_

Has disclosure form been completed for all chaperones that are not Fei Tian Academy of the Arts employees and are chaperoning an overnight trip?

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Has chaperone guidelines, including Principal Regulation been delivered to chaperone?

Yes \_\_\_\_\_ No \_\_\_\_\_

Cost of Activity/Event (i.e. admission, event tickets, etc.): \$ \_\_\_\_\_

Insurance Certificate required? Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, complete pages 3 and 4)

Mode of Transportation Desired: \_\_\_\_\_ School Bus \_\_\_\_\_ School Van \_\_\_\_\_ Commercial Bus

Estimated Round Trip Mileage: \_\_\_\_\_ Estimated Transportation Cost: \$ \_\_\_\_\_

Food Service Required: \_\_\_\_\_ Yes \_\_\_\_\_ No Estimated Meal Cost: \_\$ \_\_\_\_\_

Outside Meal: \_\_\_\_\_ Fast Food \_\_\_\_\_ Dine in Restaurant \_\_\_\_\_ Other

School Supplied Meal: \_\_\_\_\_ Sandwich \_\_\_\_\_ Hot Lunch Box

Explanation of Trip:

Educational Purpose:

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Logistics Dept. – Transportation Scheduled: \_\_\_\_\_ Yes \_\_\_\_\_ No

Comment: \_\_\_\_\_

Finance Dept. – Funding Available: \_\_\_\_\_ Yes \_\_\_\_\_ No

Comment: \_\_\_\_\_

Principal/Designee: \_\_\_\_\_ Approve \_\_\_\_\_ Deny Date: \_\_\_\_\_

Principal/Designee Signature: \_\_\_\_\_

**OVERNIGHT TRIPS OR TRIPS WHERE INSURANCE IS NEEDED**

**The Field Trip Request Form must be attached to this form and left with the principal.**

NAME OF AGENT ARRANGING TRIP (if applicable) \_\_\_\_\_

FOOD & LODGING WILL BE PROVIDED BY \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOURCE OF FUNDS (explain details) \_\_\_\_\_

\_\_\_\_\_

1. Has the school determined that the facility has adequate insurance consistent with the level of risk involved (e.g., sedentary trip as opposed to outdoor, physically active trip) YES \_\_\_\_ NO \_\_\_\_ If yes, attach a copy of the policy.

2. Do health, fire and safety standards conform to those required in the locality for persons up to 21 years old? YES \_\_\_\_ NO \_\_\_\_

3. Is there documentation on file in the school to corroborate this? YES \_\_\_\_ NO \_\_\_\_ If yes, attach a copy.

4. Is medical preclearance required? YES \_\_\_\_ NO \_\_\_\_ If yes, attach a copy of the medical form for each student.

NAME AND ADDRESS OF HOTEL/MOTEL:

\_\_\_\_\_

**I CERTIFY THAT ALL REQUIREMENTS OF PRINCIPAL'S REGULATION A-320 THAT RELATE TO THIS OVERNIGHT TRIP HAVE BEEN FULFILLED.**

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Designee: \_\_\_\_\_ Approve \_\_\_\_\_ Deny

Principal/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**EXHIBIT C**

**Parent Notification/Consent Form - Field Trip**

Name \_\_\_\_\_ Class \_\_\_\_\_

School (list additional trip sponsors when applicable) \_\_\_\_\_ Trip Date: \_\_\_/\_\_\_/\_\_\_

Destination: \_\_\_\_\_

Advisor(s): \_\_\_\_\_

Departure Site: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Return Site: \_\_\_\_\_ Return Time: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Specific Activities Planned: \_\_\_\_\_

I, the parent/guardian of the student named above, hereby give my permission for my child to take part in the trip described above. I understand that the following conditions apply:

- a) I understand that I am responsible for getting my child to and from the departure and return sites identified above. I understand that my child shall be accompanied by staff member(s) during the trip, including while traveling from the departure site to the destination site, and from the destination site to the return site.
  
- b) I understand that it is within the school's discretion to change travel, accommodations and other arrangements as it deems necessary. I will be informed of such changes as soon as practicable.

- c) I understand that the school in arranging for my child's travel and accommodation selected mode of transportation, restaurants, hotels and other services whose performance and service cannot be controlled by the school. Consequently the school is not responsible for the actions of these commercial entities, including but not limited to lost luggage, unsatisfactory quarters, and refunds.
- d) )I understand that my child is expected to behave responsibly and to follow the school's discipline code and policies.
- e) I agree and understand that I am responsible for the actions of my child, and I release the school from all claims and liabilities that arise in connection with the trip, except if due to the negligence of school officials.
- f) I confirm that my child is medically fit and able to participate in all activities described above, except for the following activities:

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- g) I have indicated below any permanent or temporary medical or other condition(s) including special dietary and medication needs, or the need for visual or auditory aids, which should be known about my child:

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- h) I understand that as a parent, if I believe it is necessary to limit my child's activity to a great extent, then the school may not be able to accommodate my child on this trip and that I and my child will be informed of this decision as soon as possible upon the receipt by the school of this completed consent form.
- i) I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the trip may act on my behalf and at my expense in obtaining medical treatment for my child.
- j) I understand that students who violate the school's discipline code may be excluded by the school from participating in a trip. Additionally, I understand that if a serious or reported violation occurs while on the trip, it is within the school's discretion to send my child home from the program, of which I will be informed. I understand if my child is sent home early, I am responsible for all costs associated with such early departure and forfeit any monies paid that are not refunded to the school.

k) I understand that students who violate the school's discipline code may be excluded by the school from participating in a trip.

l) In an emergency I can be reached at:

Day phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

Additional Contact: Name \_\_\_\_\_ Day phone: ( ) \_\_\_\_\_

Evening Phone: ( ) \_\_\_\_\_

m) I give my permission for my child to participate in this school trip.

\_\_\_\_\_ I take full responsibility for picking up my child at the Return Site.

\_\_\_\_\_ I will NOT be able to pick up my child from the Return Site.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

### STUDENT DECLARATION

I have read the Parent Notification/Consent Form and I understand that I am to act in the same responsible manner in which I am expected to conduct myself in school.

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Date)

### EXHIBIT D

### FEE & BILLING LIST

For STAFF USE ONLY

Last Revised: 061417

This list is for billing students who cannot present a proof of payment prior to the date of service. The school will bill the student within 30 days from date of service.

Service: \_\_\_\_\_ Date of Service: \_\_\_\_\_ Service Fee: \$ \_\_\_\_\_

Total No. Students: \_\_\_\_\_  
(e.g. College Trip, Hotpot Event, SAT Exam, Textbooks)

Prepared By: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID	First Name	Last Name	Payment Received Prior to Activity		Comment
			No: please bill student	Yes: __Cash __Check Payment Receipt No.: _____	

**EXHIBIT E**  
**FEITIAN ACADEMY OF THE ARTS**

# FIELD TRIP ROSTER

CLASS(ES) \_\_\_\_\_

DESTINATION \_\_\_\_\_

DATE(S) OF TRIP: FROM \_\_\_\_\_ TO \_\_\_\_\_

PRINCIPAL'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## INSTRUCTIONS

List all eligible student participants.

NAME OF STUDENT	ID #	GRADE	STUDENT ADDRESS	TELEPHONE NUMBER
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

## EXHIBIT F Chaperone Application

Dear Parent/Guardian:

The school trip to \_\_\_\_\_ will be on \_\_\_\_\_.

We will be leaving the school at \_\_\_\_\_ and returning around \_\_\_\_\_.  
Some of you have expressed interest in going on this trip. Those of you who are interested in chaperoning this trip should complete and return the form below ASAP along with your payment of \$ \_\_\_\_\_. The seats will be filled on a first come, first served basis. Do not return the form without the payment. Please make payable to Fei Tian Academy of the Arts.

## PARENT CHAPERONE INFORMATION FORM

Please accept this form and enclosed payment of \$ \_\_\_\_\_ for purchase  
of my seat for the \_\_\_\_\_ field trip  
to take place on \_\_\_\_\_.

I understand that :

\_\_\_\_\_ I will be assigned to chaperone my child and one or two other students while on this field trip.

\_\_\_\_\_ I will be working with the whole group of students and not just my child.

\_\_\_\_\_ I will not be allowed to smoke or use any other tobacco product while on this school-sponsored trip.

\_\_\_\_\_ I will be expected to follow all elements of the school Code of Conduct, the same as any of the formal school staff and the students.

Parents Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### EXHIBIT G FIELD TRIP CHAPERONE LIST

CLASS(ES) \_\_\_\_\_

DESTINATION \_\_\_\_\_

DATE(S) OF TRIP: FROM \_\_\_\_\_ TO \_\_\_\_\_

**INSTRUCTIONS** Chaperones must be 21 years of age or older. List below all persons who will serve as chaperones, including FTAA employees. Any person who is not employed at the school sponsoring this trip must have prior clearance from the FTAA principal.

NAME	GENDER	PHONE	VOLUNTEER OR EMPLOYEE	APPROVED
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9. Alternate Chaperone				

The advisor's and principal's signatures below indicate that the volunteer information has been verified and that all volunteers listed are cleared for overnight field trips that involve hotel/overnight accommodations and for all other field trips.

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Director of Student Affairs's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_