Charleston County School District
Request for Approval of Field Trip
Cover Page

(To be submitted with the appropriate Page 2 prior to financial contracts or commitments being signed.)

School: _____ Teacher/Trip sponsor: _____

Group or class/section: _____

Students: # Male: _____ # Female: _____ # Total: _____
(Submit a roster of all students, including sleeping arrangements, to the office and to the Deputy Superintendent's Office before departure.)

Chaperones	CCSD Employee?*	Male or female?*
	Yes	M
	Yes	M
	Yes	M
	Yes	M

(If needed, continue list on an attached sheet.)

**For each non-employee, attach a field trip chaperone form.*

Departure date/time: _____ Return date/time: _____

Destination: _____

For recurring field trips, attach a schedule of all trips including departure date and time, return date and time and destination for each trip.

Submit a complete itinerary and route description to the office before departure.

Cost per student: $ _____ Paid by $ _____ $_____
Student Other:_____
(Name of funding source)

For trips during the school day: How are you planning to pay this fee for students who cannot pay? _____

_____

_____

For overnight trips: What efforts have been made to provide fundraising or scholarship opportunities for students? _____

_____

_____

Lunch arrangements: _____

_____

_____

_____ Cafeteria manager has been notified.

Transportation arrangements: _____

_____

_____

If private vehicles are used, list all drivers. All drivers must be at least 21 years of age and provide proof that they have the minimum insurance coverage required by the State of South Carolina. The principal must approve the use of private vehicles and the drivers.

Nursing services arrangements: _____

_____

_____

Date nurse notified: _____ Signature of nurse _____

The nurse must be notified in writing four weeks in advance of a field trip with a list of students to attend. The nurse shall provide appropriate training for employees.

_____
Principal signature/date

Identified students with medical problems/needs: _____

_____

_____

Parental permission: Attach a copy of the form that shall be sent home. (All signed slips must be submitted to the office prior to departure as well as a list of students who shall remain in school with their room assignments.)

Charleston County School District
Page Two for Instructional Field Trip

This field trip shall help students achieve the following South Carolina curriculum standards.

_____

_____

_____

Field trip learning objective(s)

_____

_____

_____

_____ The lesson plans shall reflect preparatory activities prior to the trip, learning activities during the trip, and follow-up instructional activities and assessment of student learning after the trip.

Total number of students in class/group: _____

Total number participating in field trip: _____

Why are students not participating? _____

_____

Describe what students who are unable to participate shall do while the trip is underway: _____

_____

_____

Briefly describe what assignments shall be made to ensure that students who are unable to participate achieve the learning objective(s) of the trip: _____

_____

_____

_____
Teacher's signature/date

APPROVED:

_____ _____
Principal Date

_____ _____
Associate superintendent *(if overnight)* Date

_____ _____
Superintendent *(if out of state)* Date

_____ _____
Superintendent *(if out of country)* Date

Page Two for Interscholastic/Extracurricular/Co-curricular Activity

This field trip shall provide the following competitive, enrichment or learning experience for participants. _____

_____

_____

Total number of students in class/group: _____

Total number participating in field trip: _____

Why are students not participating? _____

_____

_____

_____
Supervising chaperone's signature/date

APPROVED:

_____	_____
Principal	Date
_____	_____
Associate superintendent *(if overnight)*	Date
_____	_____
Superintendent *(if out of state)*	Date
_____	_____
Superintendent *(if out of country)*	Date

Charleston County School District
Instructional Field Trip Permission Form

Dear Parent/Legal guardian:

The following field trip has been approved.

Class: _____

Destination: _____

Departure date/time: _____ Return date/time: _____

__☐__Students shall return in time for regular school dismissal.

__☐__Students shall return after school dismissal. Parents/Legal guardians shall be responsible for transportation home at the time the trip is over.

__☐__Because of your child's involvement in/on the _____, he/she shall be participating in a series of trips during the course of the year. A list of scheduled trips is attached.

The purpose of the trip is to enhance student achievement of the South Carolina curriculum standards for _____. As a result of this field trip, the students shall know and/or be able to do the following._____

_____

_____.

This trip is an important part of our instructional program. All students shall be assessed on their achievement of the learning objective(s) for the trip. If your child cannot participate, alternative educational activities shall be provided at school during the field trip; your child shall be expected to attend school as usual.

All special field trip regulations, local school rules and rules outlined in the Charleston County School District Student's Rights and Responsibilities brochure shall be enforced. The school has taken every precaution to provide for the safety of your child. **Please ensure that your child carries personal identification (e.g., wallet identification card, information card pinned inside pocket for younger children) including the child's name and school, your name and a phone number where you can be reached on the day of the trip.**

The procedure for lunch shall be as follows: _____

Transportation for this trip shall be by: _____

Cost for the trip shall be: _____ payable in cash/by check on or before: _____

Checks should be made payable to: _____

_____ _____

Teacher's signature/date Principal's signature/date

Charleston County School District
Field Trip Permission Signature Form

I grant permission for my child, _____, to go on the field trip

to _____on _____

(or as described on the attached schedule). I have discussed with my child the expectations for his/her behavior while on this trip.

_____ _____

Parent/Legal guardian signature Date

☐ My child has the following medical condition(s): _____

Please check with the school office to secure directions/medications/information.

Field Trip Guidelines
for employee and non-employee chaperones
IJOA-R(1) Field Trips Chaperones

Screening & Eligibility

- Non-employees shall obtain security clearance via the Raptor (or other CCSD-approved) Volunteer screening process before chaperoning any day or overnight field trips. Employees do not require additional security clearance.
- Chaperones must be at least 21 years old.
- Non-employee chaperones must be of some relation to a student on the trip.

Compliance with CCSD Policies

Chaperones are expected to:

- Familiarize themselves and adhere to all Charleston County School District Board of Education policies, including but not limited to the following:
    - GBE Employee Rights and Responsibilities
    - GBEB Employee Conduct
    - GBEC Illegal Substance and Alcohol-Free Schools and Workplace
    - GBEBB Employee Conduct with Students
    - IJOA Field Trips
- Conduct themselves in a manner consistent with CCSD employees for the duration of the trip.
- Follow the trip leader's directions and model professional conduct.

Expectations while "On Duty"

Chaperones are considered "on-duty" from the time that the field trip departs from the school until the time that the last student is picked up after return to the school, including overnight hours if applicable. Student safety and supervision are the primary responsibility of a chaperone at all times.

Key Expectations:

- Remain with assigned students at all times.
- Conduct headcounts at every transition (loading/unloading buses, entering/exiting venues, meal breaks, and hotel check-ins).
- Keep group rosters readily available.
- Never leave a student unsupervised; arrange coverage for any student unable to participate.
- Sit in areas of buses that maximize visibility (front, middle, rear).
- Report unusual incidents to the trip leader and submit a written report to the principal as soon as possible.

Student Interaction & Supervision

- **Rule of two:** Do not be alone with a student. Always maintain a second adult presence, except in emergencies.
- **Visible Settings:** When private communication is necessary, choose locations observable by others.
- **Transportation:** A single-student transport should occur only with prior written parent approval in compliance with IJOA and, when possible, a second adult present.
- **Chaperone's own Child**: Treat your child the same as other students: do not provide special privileges.

Overnight Procedures:

Room Assignments & Supervision

- Students are assigned to sleeping spaces by gender.
    - Students are not permitted to enter the sleeping area of the opposite gender.
- At least one staff member/chaperone will monitor all student sleeping areas.
- Curfew/lights-out times are established by the trip leader and must be enforced.
- A minimum of three students will be placed in each room/cabin when possible (no single student alone in a space).

Room Checks

- Two chaperones (at least one of the same gender as the students) conduct room checks at curfew, from the doorway, and one additional late-evening sweep.
- A routine student room check only includes a cursory check of the room and does not include a search of luggage or personal items.
- Final room checks occur before departure to ensure rooms are clear and in good condition.
- Chaperones may not retire until all students are in their rooms and secure.

Chaperone-Student Boundaries

- Chaperones may not share a room with a student unless they are the student's parent/guardian.
    - In the case of an elementary trip involving cabins or tents, a pair of staff/chaperones may sleep in separate beds but nearby to accommodate and monitor students.
    - For middle and high school trips, chaperones will be housed in a private room or sleeping area close to the students being supervised. In cases where a destination requires an adult to be present in the same sleeping quarters, the Superintendent or their designee may provide approval.
- Chaperones must not bathe or be in a state of undress with students.
- Students are prohibited from entering chaperone quarters and vice versa.
- If chaperones share a room, they must be of the same gender unless they cohabitate outside the trip.

Minimum Supervision Ratios

- Kindergarten: 1 adult per 4-5 students

- Elementary: 1 adult per 8-10 students
- Middle/High: 1 adult per 15 students
- Groups with 16+ students must include at least one male and one female chaperone when male and female students are attending the trip.

Health & Safety

- **Illness/Injury:** One adult must remain with any ill or injured student while coverage is coordinated with the trip leader.
- **Medication**: Only CCSD employees, trained by the school nurse, may administer medication.
- **Suicide/Self-Harm Concerns:** Immediately notify the trip leader.
- **Searches:** Only trained school officials may search students.
- **Mandated Reporting:** Chaperones are expected to report all signs of abuse or neglect to the teacher or administrator in charge and the proper authorities.
- **Swimming:** If swimming will be an available activity on the field trip, signed parent permission forms, including the language set forth in *IJOA-R Field Trips,* and must specifically indicate whether or not a student is allowed to participate. Students must be actively monitored by chaperones at all times while swimming. When available, water activities should be conducted where lifeguards are available. Schools should ensure safety plans are developed to ensure proper supervision and student safety for the specific conditions (e.g., splash pad versus swimming pool versus ocean; age of students; swimming ability of students). If deemed necessary by the school administrator, restrictions may be placed on where and how water access is to be allowed to include the wearing of life vests or limiting the depth of water accessed (e.g., only shin high when walking into the ocean).

Prohibited Items & Behaviors

- **Alcohol/Drugs:** Chaperones must not consume, distribute, or possess alcohol or illegal substances or misuse medications.
- **Weapons:** No weapons of any kind are permitted.
- **Tobacco/Vaping**: Maintain a smoke-free, vape-free, and nicotine-free environment at all times.

Media & Confidentiality

- Respect student confidentiality; do not share personal information learned on the trip.
- Do not take or post student photos (other than your own child) unless cleared with school staff for media-denial status.
- Only school staff may post photos taken to official school accounts.

Conduct & Professionalism

- Keep personal phone use minimal; never allow it to interfere with supervision.
- Dress in accordance with the district's Code of Conduct.
- Remain with the group for the duration of the trip unless an emergency or prior coordination with the trip leader occurs.

Compensation (For Employees)

- Exempt (salaried) employees have priority for chaperoning opportunities.

- Non-exempt (hourly) employees must be compensated, and schools must budget for the cost in the absence of an employee who has requested leave to chaperone their child or a student of relation.

Disclaimer: Considerations outside of those listed in this document shall be made at the discretion of the Superintendent or their designee.

Charleston County School
District Field Trip
Chaperone Form

Name: _____
Supervising teacher/sponsor: _____
Grade/Class: _____
Field trip dates(s): _____
Destination: _____

I understand that my role as a chaperone is to ensure the safety and well-being of all students assigned to my supervision. Therefore, I agree to do the following.

- Support the supervising teacher/sponsor in enforcing established rules, procedures, and expectations for student participation and effort.
- Commit my undivided attention to the students I am assigned to supervise (therefore, I shall not bring my child's siblings on the trip nor shall I engage in activities that distract my attention from the students I supervise).
- Model appropriate language and behavior and abide by all Charleston County School District policies and regulations that govern the behavior of employees during working hours for the entire duration of the field trip while in the presence of the students.
- My signature below affirms that I have received a copy of and understand ***CCSD Policy IJOA-R(1) Field Trip Chaperones.***

Signature: _____ **Date:** _____

If you shall be transporting students in your own vehicle, please complete this section as well. Vehicle make and model: _____ License tag number: _____
Insurance company and policy number:

(Please attach proof of insurance)

I understand that my vehicle insurance shall serve as the primary insurance coverage in the event of an accident during the field trip. The district's insurance may be considered for coverage only after my insurance coverage is exhausted.

Signature: _____ **Date:** _____