

# Apache Junction Unified School District #43

## REQUEST TO TRAVEL

**IMPORTANT:** Complete this form in triplicate. This form must be completely filled out and submitted to the Superintendent's office no less than 10 days before date of departure. Please attach any supporting material.

Date: 7 Dec 17	Travel: <input type="checkbox"/> In-State <input checked="" type="checkbox"/> Out-of-State	Days Absent from Job: 7	Total Days Away: 7	School / Division: NJROTC ASHS
Name: WILLIAM PARKER, D. PATTI			Department: NJROTC	
From: FR. Day / Date: 9 MAR 17 Time: 0700			To: SAT Day / Date: 17 MAR 18 Time: 1800 (6PM)	
Purpose: <input type="checkbox"/> Professional <input type="checkbox"/> Personal <input checked="" type="checkbox"/> Other: _____			Payroll: Substitute will be employed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Event Attending: Name of Event and brief description CADET MILITARY ORIENTATION PEARL HARBOR, NAVAL BASE HAWAII			Traveler's regular pay: <input type="checkbox"/> Will Continue - School Business <input type="checkbox"/> Will be Deducted - Personal Business <input type="checkbox"/> Will Continue - Vacation	
Event Location: List physical address and major cross streets NAVAL BASE PEARL HARBOR HAWAII			If deducted, it will be: Substitute Pay (days): _____ Full Pay (days): _____	
Students Attending: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? 8			Estimated Cost: Travel will be by: <input type="checkbox"/> District Vehicle <input type="checkbox"/> District Bus <input checked="" type="checkbox"/> Plane <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Private Car <input type="checkbox"/> Rented Car	
Requested By: Traveler's Name and Signature William PARKER Print Name: _____ Date: _____ Signature: _____			Transportation: 3000. <sup>00</sup> Bus / Taxi / Phone: _____ Meals / Lodging: 2600. <sup>00</sup> Registration Fee: _____ <b>TOTAL:</b> 5600. <sup>00</sup>	
Recommended By: Principal or Division Head Name and Signature _____ Print Name: _____ Date: 12-7-17 Signature: _____			Travel Financed by: Activity Funds (Account #): 4157, TAX (SREP)IT Budget Funds (Code #): _____ Other Funds (Specify): NAVY (Federal) Reimbursed	
Recommended By: Assistant Superintendent Name and Signature _____ Print Name: _____ Date: _____ Signature: _____			Director of Business Service: Funds Available: _____	
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED Signature: _____ Date: _____				

DEPARTMENT OF THE NAVY  
NAVAL JUNIOR RESERVE OFFICERS TRAINING CORPS  
APACHE JUNCTION HIGH SCHOOL  
APACHE JUNCTION, ARIZONA 85220

1000  
SNSI-01  
7 DEC 17

From: Senior Naval Science Instructor  
To: AJUSD Governing Board

Subj: MILITARY BASE ORIENTATION TRIP TO NAVY REGION HAWAII

Ref: (a) Contract Between the United States Navy and AJUSD dated 3-8-2001  
(b) CNETINST 1533.9K dated 25 Aug. 2003 (Federal Regulations for NJROTC)

1. The NJROTC unit is requesting approval for a military Base Orientation Trip to Pearl Harbor Hawaii during the spring break holiday. This trip is requested pursuant to the references and is a co-curricular activity. We intend to utilize commercial air transportation for this trip and will purchase airline tickets using tax credit and unit funds.
2. Base orientation trips are intended to expose selected cadets (8) to military life and provide a follow-up to classroom instruction. This trip is intended for fourth year cadets who have expressed an interest in a military career. Additionally, we will stay on a military base,, eat at military facilities, and visit sights of historical significance such as the USS Arizona.
3. While some funding will be provided by the Navy, tax credit funds and unit funds will also be used. Cadets may bring funds for personal purchases at military exchange facilities if they desire.

  
W.H. PARKER  
MAJ. USMC (RET)



**Apache Junction Unified School District #43  
PARENTAL PERMISSION and MEDICAL RELEASE FORM**

I/WE HEREBY  GRANT  DO NOT GRANT PERMISSION FOR \_\_\_\_\_ Student Name: \_\_\_\_\_

TO PARTICIPATE IN THE FOLLOWING FIELD TRIP:

<b>Event Attending:</b> <i>Name of Event and brief description</i> MILITARY BASE ORIENTATION TRIP NAVAL BASE PEARL HARBOR HAWAII	<b>Event Location:</b> <i>List physical address and major cross streets</i> NAVY REGION HAWAII PEARL HARBOR HAWAII
<b>Departure Date / Time:</b> Day / Date: Friday, March 9, 2018                      Time: 7:00 am	<b>Return Date / Time:</b> Day / Date: Saturday, March 17, 2018                      Time: 6:00 pm

I/We have also reviewed my child's grade check form and understand that it is my child's responsibility for all make up work to be completed in a timely manner. I/We understand that if our child violates the policies, rules or regulations of the Apache Junction Unified School District that they will be sent home from the trip at our (parent's/guardian's) expense and face possible disciplinary action from the school upon their return.

<b>Student:</b>  Print Name: _____ Date: _____  Signature: _____	<b>Parent / Guardian:</b>  Print Name: _____ Date: _____  Signature: _____
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**EMERGENCY MEDICAL TREATMENT RELEASE**

Medical Insurance Information	
Primary Physician: _____	Physician Phone: _____
Insurance Provider: _____	Group Number: _____
Emergency Contact: _____	Emergency Phone: _____

**Medical Release**

As a parent/guardian, I request the teacher contact me. If I cannot be reached, I hereby authorize the teacher to call 911.

I have the legal custody of my child and grant permission for the school district personnel to give emergency first-aid and obtain, if necessary, medical treatment from a doctor and/or hospital.

Parent / Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION	
Home Phone: _____	Cell Phone: _____
Father's Work Phone _____	Mother's Work Phone: _____

**Apache Junction Unified School District #43**  
**RESPONSIBILITIES OF PARENT / VOLUNTEER CHAPERONE**

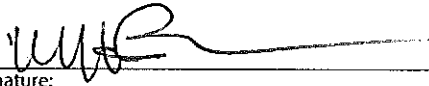
**NOTE:** This form will be retained by the Trip Sponsor.

<b>Event Attending:</b> <i>Name of Event and brief description</i> MILITARY BASE ORIENTATION TRIP HAWAII	<b>Date:</b> Mar 16, 2018	<b>Student Grade / Group / Club / Organization:</b> 12 NJROTC NS-4
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**It should be noted that the responsibilities of Chaperones may vary according to the trip they are chaperoning. Generally, the responsibilities are as follows:**

1. Chaperones should learn the names of the students assigned to them.
2. Chaperones will know the locations and whereabouts of each student assigned to him/her during the trip.
3. Chaperones will follow the directions and guidelines of the teacher in charge of the trip.
4. Chaperones will be attentive to the needs of their students and be the student's primary adult contact.
5. Chaperones shall adhere to a code of conduct, which includes abstaining from tobacco products, alcohol and illegal drugs during the field trip.
6. Chaperones will not normally have their son/daughter assigned to them. (Experience has shown that concerned Chaperones with the proper emotional distance are the best help to a student in a challenging situation.)
7. A Chaperone shall supervise his/her group of students and never be alone with a student.
8. Chaperones shall refer most discipline issues to the teacher. Minor infractions, such as talking too loud and not staying in line, can be handled by the Chaperone. Chaperones should refrain from becoming involved in serious student discipline issues and should never separate a student from the group for the purpose of disciplining a student.
9. During an overnight field trip, a Chaperone must not:
  - a. Use showers when students are using them.
  - b. Be the only adult present in a room where students are sleeping.
10. Chaperones that are not a parent of a student participating in an overnight field trip or out-of-state trip must have fingerprint clearance.
11. Other responsibilities provided by the teacher in charge.

My signature below indicates that I read and understand the responsibilities of a Chaperone and discussed my role as a Chaperone with the trip sponsor.

<b>Trip Sponsor:</b>  WH PARKER Print Name: _____ Date: _____   Signature: _____	<b>Chaperone:</b>  ESTHER STILLMAN Print Name: _____ Date: _____  _____ Signature: _____
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## Apache Junction Unified School District #43

### FIELD TRIP SAFETY ANALYSIS CHECKLIST

**IMPORTANT:** To be completed in advance of the field trip by the teacher responsible for the activity. This form must be presented to the Principal.

<b>Event Attending:</b> <i>Name of Event and brief description</i> MILITARY BASE ORIENTATION TRIP HAWAII	<b>Date:</b> Mar 16, 2018	<b>Student Grade / Group / Club / Organization:</b> 12 NAVAL SCIENCE 4 NJROTC
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**Activity:**

- Out  In      1. Is the location of the activity indoors or outdoors?
- Yes  No      2. Is special clothing, such as jackets or gloves, required?
- Yes  No      3. Does the trip location expose students to hazards (i.e., exposure to insects or animal bites, falling rocks, puncture wounds from plants, eye irritation from dust or other airborne particles, physically challenging terrain)?
- Yes  No      4. Does the learning experience involve direct contact with plants or animals? If so, have students been questioned about potential allergic reactions?
- Yes  No      5. Does the trip require climbing? If so, are walkways well marked? Do they include handrails and guardrails? Are they maintained and in good condition?

**Medical:**

- Yes  No      1. Are first aid services available?
- Yes  No      2. Have special arrangements been made for emergency or medical evacuation?
- Yes  No      3. Does the Principal / Designee have the address and phone number of the nearest hospital or emergency center?
- Yes  No      4. If the trip is going to be held during hot weather, has the supervisor taken appropriate steps to ensure safety, hydration and sun protection of participants?

**Food and Water:**

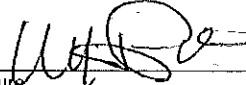
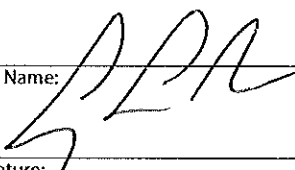
- Yes  No      1. Are food and water available?
- Yes  No      2. If not, will students bring or pay for their own food or water?
- Yes  No      3. Are facilities available to safely store food and water?

**Route / Itinerary:**

- Yes  No      1. Has the travel route itinerary been planned?
- Yes  No      2. Have stops been planned to maintain student control and safety?

**Water Activity:**

- Yes  No      1. If the trip involves contact with water (swimming, wading, hot tub use, etc.), has a supervision plan been communicated to all chaperones?
- Yes  No      2. Is the appropriate number of certified lifeguards available? (i.e., students seven (7) years old and younger - one (1) lifeguard per five (5) students; over age of seven (7) - one (1) lifeguard per twenty (20) students.)

<b>Teacher:</b>  WH PARKER Print Name: _____   Signature: _____	<b>Principal:</b>   Print Name: _____ Date: 12.7.17 Date: _____
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