How to request a non-athletic trip using ifieldtrip.lausd.net

From your browser, type in the address ifieldtrip.lausd.net, then log in using your LAUSD single sign-on



From the dashboard, click on "Create New Request"

2019	-20	•	Select	¥																
low	ing 0 to 0 of 0	entries (Sea	rch:				
													Sta	itus						
	RefNo 🗸	School	<	Destination	0	Trip Start	0	LAUSD Bus Info	Summary	Requestor	Principal	Nurse	Outdoor & Env Ed	Athletics	Env Health & Safety	Risk Management	Title 1	Local District	Superintendent	Transportation
					No data available	in table														
					No data available	in table														

Click on the appropriate radio button to indicate if you will be the main contact during the trip. If you are the main contact, your information will auto-populate. If another employee will be the main contact, manually enter the contact info.

Contact Information	Destination	Participants	Transportation	Documents	Certification	🔹 Dashboard
Contact Inform	nation					
Are you the main c	ontact during th	ne trip?*				
⊛ Yes O	No					
Main Contact Deta	ils*					
Employee Name	PA	RKER, PETER			A cell # is required in the	
Employee ID:	00	999999			event of an emergency	
Employee Cell#:	(31	10) 555-5555				
School Taking Trip	*					
Cost Center Code	e: 15	TH ST EL 1376701				
						Next

Select "Non-Athletic" for type of trip



Indicate whether special activities will take place by selecting "No" or "Yes." If Yes, check off all activities that apply.

Contact Information	Destination	Participants	Transportation	Documents	Certification		🚯 Dashboard
Destination							
1-2-3-							
Special Activities? (Special activities	are those that p	ose an inherent dar	nger)*			
No – studen	ts will not be pa	rticipating in spe	cial activities				
Yes – studen	ts may be partio	cipating in specia	l activities				
Check all specia	al activities stud	ents may particip	oate in:*				
🔲 Kayaking							
Wall Climbin	g						
Boating							
Swimming							
Zip-lining							
📄 Inflatable eq	uipment						
Hiking							
Camping							
Backpacking							
Access to be	ach, lake, or bod	ly of water					
Other							

Enter details regarding the point of departure. If leaving from a school, click "LAUSD site" and your school info will auto-populate. If departing from another site, click "Other Site" and then enter the name and address; once you begin typing the address, the system will start to autocomplete and give you a drop-down to select from. Use the "Specific Departure Info" box to enter other pertinent notes regarding pick-up from the depart site.

Contact Information	Destination	Participants	Transportation	Documents	Certification	
Destination						
1-2-3-						
Depart From (select	t one and comp	lete required info	ormation)*			
LAUSD Sit	e	15TH ST EL,152	7 S MESA ST,SAN PED	RO, CA,90731		
Other Site	1	SITE NAME				
		ADDRESS,CITY,S	TATE,ZIP,COUNTRY			
		For help finding	address			
Specific Depa	arture Info? <i>(on</i>	e-way trip, additi	onal pick-ups, speci	ialized equipmer	nt, or any other requirer	ements)
Pick up at fr	ont gate					
					11	

Similarly, enter details regarding the destination. If your destination is a school, click on "LAUSD site" and select the location from a drop-down. If it is a pre-approved site, type in a key word such (e.g. aquarium) and choose from the drop down list of available sites that include your key word; detailed information will auto-populate below. If going to another site, click "Other Site" and enter the name and address.

Contact Information	Destination	Participants	Transportation	Documents	Certification			🚯 Dashboa
Destination								
Main Destination (s	elect one and co	omplete required	l information)*					
LAUSD Site	e	ENTER SCHOOL	NAME/ LOCATION C	ODE				
Pre-Appro	ved Site	AQUARIUM OF	THE PACIFIC					
	SITE_ ADDF Long CON1 COM1	NAME: Aquarium RESS: 100 Aquariu Beach,CA90802 "ACT_NO: 562 95 MENTS:	of the Pacific um Way, 1 1637					
Other Site		SITE NAME						
		ADDRESS,CITY,S For help finding	TATE,ZIP,COUNTRY address					

Indicate whether there will be multiple stops. Use the "Specific Destination Info" box to enter names/addresses of additional stops, time considerations, or other requirements. Complete depart and return date/time fields. If lunches are needed for the trip, select "Yes" and an email alert will be sent to the cafeteria manager to coordinate with the main contact.

Contact Informatio	n Destination	Participants	Transportation	Documents	Certification		🚳 Dashboard
Destinatio	'n						
1-2-3-							
Will the	re be multiple stops	?*	⊛ Yes 🌐 N	٩o			
Specifi	: Destination Info? (a	additional stops,	<i>time factors such as</i>	scheduled tour.	s/meetings, or any other req	uirements)	
Sche	duled for Seals and Se	a Lions show at 9%	15AM				
Stop	for lunch after at the	Rainbow Lagoon P	ark, 400 E Shoreline D	r, Long Beach			
					11		
Depart*	10/02/2019	9:00	AM				
Return*	10/02/2019	2:00	PM				
Will lunches b	e needed on trip?*	Yes	s 💿 No				
Previous							Next

Add student participants. When you click "Search for Students," your search options will expand.

Contact Information	Destination	Participants	Transportation	Documents	Certification		Dashboard
Participants De	tails						
1 2 3 4 Students	, c	licking here r by Enrollm	will allow you ent (e.g. Mr. P	to search by arker's 3 rd g	/ Group (e.g. rade class)	Girls Tennis Team)	
Search for Stud Chack the "Cur	dent groups or e	nter individually		k arrangement e	an filo at the scho		
Note: When at	tending a field tr	ip, student has a co ip, student parti	cipants shall be app	y arrangement o propriately accou	inted for in both	MISIS and the Field Trip System.Read More	
Search for Student	Add R	tow 💼 Del	ete Rows				

If searching for a class, select "Search by Enrollment" and enter the instructor's name in the "Teacher" field. If applicable, select Grade Level and/or Period in drop-down. Click "Submit" to load participants from MISIS.

Schoolivarile				
15TH ST EL 1376701				
Search By Group Search By E	nrollment			
Student ID(Multiple)	To find a specific class	Student (Individual)		
ENTER IDs SEPARATED BY COMMAS OF	R COPY/PASTE FROM EXCEL OR WORD	ENTER STUDENTID OR FIRSTN	AME OR LASTNAME, FIRSTNAME	
		<i>li</i>		
Teacher		Grade Level	Period	

Information on student participants will load along with parent contact information. Special indicators regarding health, special needs or requirements will be summarized based on information that is already in the system. While IEP and 504 status cannot be altered, Health Alert and Custody Alert can be checked/unchecked to reflect the latest status.

Contact Ir	nformation	Destination	Participants	Transpoi	rtation	Documents	Certification					🚯 Dashboard	
Partic	Participants Details												
	2 3 4 -												
									Special In	ndicator	5		
	Student ID	Stud	lent Name	0	¢ Grade	Parent Nar	ne	© Parent Contact	Health Alert	IEP	504	Custody Alert	
	X0000000X	SARA	BUSH		3	JANICE BUSH	1	626-555-5555					
	xxxxxxxx	EDN	A FROST		3	KYLE FROST		424-555-5555					
	XXXXXXXXX	KAR	IN LION		3	DORIS LION		323-555-5555		1			
	XXXXXXXXX	JUDY	KELLY		3	FRANK KELL	Y	213-555-5555				I	
						1			1				

Add chaperones. The main contact is automatically filled in. Add/delete rows as needed. When adding an LAUSD employee chaperone, start typing the first or last name to generate a dropdown list of employees to select from – once selected, the rest of the information will populate. For other chaperone types, complete fields. At the bottom, indicate whether any chaperone will be claiming reimbursement – selecting "Yes" will alert the Procurement Travel Desk.

Contact Information Destination Participants Transportation Documents Certification												
Participants Details												
1-2-3	4											
Chaperor	ies											
SearchA min	h chaperone type, then imum of 1 adult for eve	complete requi ery 10 students i	red fields s recommended									
+ Add Copy C	Row 🛍 Delete Ro	ows		00999999	9							
— Chi	aperones Type	Name		≎ Job Cla) issification	0	⇔ Main Contact (check one)	Cell #	0	Age 18 or older? (Y/N)	Sex (M/F)	Certificated (Y/N)
PAF	RENT -	EMMETT B	ROWN					(310) 222-2222		Y	М	Ν
	ISD EMPLOYEE	PARKER, PE	TER (00999999)	ELE	MENTARY TEACHER			(310) 555-5555		Y	М	Y
Showing 1 t Will any e Yes	o 2 of 2 entries mployee chaperone(s) b O No	by claiming reimb	pursement for out-o	f-pocket expe	nses (e.g., airfare, ho	tel, entr	ance fees, bus/	First /shuttle; car rental)?*	Pre	vious	1 Next	Last

Add adult participants providing one-on-one support for students. Type in the name of the participant, the associated organization, whether they will be riding the bus, the student who is being assisted and other important information.

Contact Information	Destination	Participants	Transportation	Documents	Certification		🚯 Dashboard
Participants De	tails						
1 2 3 4							
Other Participa	nts Supporting Si	tudents					
Includes Training Implementa Includes oti Add Row Copy CSV	ained Unlicensed ation (NPA BII) ap ner individuals pr Delete R PDF Print	Assistive Personi proved providers oviding support t ows	nel (e.g. Behavioral A s. to specific students (i	<i>Aides, Special Ed</i> e.g. parent/guar	Assistants, Health / dian)	<i>Assistants). See No</i>	n-Public Agency Behavior Intervention
Name (LastNam	e,FirstName)	Organi (e.g. LA	zation USD,XYZ Agency, se	Riding elf) (Y/N)	bus Student(s (LastNam	Being Assisted e,FirstName)	Comments e.g. providing support only at lunch
PEYTON, JA	CKIE	XYZ AGE	INCY	N	SARA BUSH		WILL MEET AT SITE TO ASSIST
Showing 1 to 1 of 1 Previous	entries						First Previous 1 Next Last

Enter expected counts of student and adult participants and observe calculation of the students-to-chaperone ratio.

Contact Information	Destination	Participants	Transportation	Documents	Certification	🚯 Dashboard
Participants De	tails					
Participant Sum	mary					
• While some ratio and to	<i>participant name</i> ensure there are	es may not be kn enough buses fo	own at this time, yo or your trip if utilizir	u must provide ng LAUSD Transp	<i>an accurate partic</i> portation. Please fi	<i>ipant count to confirm there will be a sufficient student-to-chaperone Il in the Total Participant Counts below:</i>
			Participa	nts Currently Er	ntered	What will be your total participant counts?
Elementary Studen	Elementary Students (Grade 5 or below) *					20
Secondary Student	s (Grade 6 or ab	ove) *	0			0
Chaperones *			2			2
Individuals Suppor	ting Specific Stuc	lents	1			0
Student-to-Chaper	one Ratio		0:1			10:1
Previous						Next

Select the mode of transportation. Include all that will be utilized during the trip.

Contact Information	Destination	Participants	Transportation	Documents	Certification		Dashboard
Transportatio	n						
Mode of Transp	ortation * (Selec	t all that apply. At	least one must be	selected)			
LAUSD Bus							
🔲 Charter Bus		Select		-			
Public Bus							
🔲 Van (manufa	ctured to accom	modate less than	15 passengers)				
🔲 Van (manufa	ctured to accom	modate 15 passe	ngers)				
Auto							
Plane							
🔲 Boat							
🔲 Train							
Walking							
🔲 Other							
Previous							Next

When selecting LAUSD bus, number of buses needed will auto-populate based on how many participants were entered earlier. You can overwrite this number if more buses are needed. There are also boxes to indicate whether or not seat belts are required and how many wheelchairs are to be transported.

Contact Information Destination Participants Transportation Documents Certification	Dashboard
Transportation	
Mode of Transportation * (Select all that apply. At least one must be selected)	
✓ LAUSD Bus	
LAUSD Bus Transportation Guidelines	
# of Non-Collapsible Wheelchairs	
# of Buses Requested	
<i>You may override the # of buses based on your needs. The following rules apply: -If this is an overnight trip, double the number of buses requested and indicate this in the Specific Departure Info box Bus cannot exceed 65 passengers Lift bus can only accommodate a maximum of 5 wheelchair passengers and 8 additional ambulatory passengers</i>	
Seatbelts Required(Y/N) N	
• Specific Departure Info (overnight, one-way trip, additional pick-ups, specialized equipment, or any other requirements)	
PICK UP AT FRONT GATE	Specific departure and destination info previously indicated
• Specific Destination Info?(additional stops, time factors such as scheduled tours/meetings, or any other requirements)	will populate. You
SCHEDULED FOR SEALS AND SEA LIONS SHOW AT 9:45AM. STOP FOR LUNCH AFTER AT THE RAINBOW LAGOON PARK, 400 E SHORELINE DR, LONG BEACH	

Any required documents will be listed under "REQUIRED DOCUMENTS." If any are listed, use the Browse button to locate the document on your computer and click "Upload File" to attach the document. Make sure to check off that you have uploaded each required document.

Contact Information	Destination	Participants	Transportation	Documents	Certification			🚯 Dashboard
Documents								
Documents may Find document(s	be uploaded inc):	dividually or com	bined					
Browse					Upload File			
	IMENTS		CHECK AFTER LIPI			DATE	RV	ACTION
Regoined Doce	REQUIRED DOCOMENTS		(all boxes must be prior to submittal	e checked I)	Field Trip Document - TEST.pdf	07/23/2019	peter.parker	×
Form 10.12.1 Re	quest for Travel	and		×	-			
Meeting	merence, conv	endon, or		Check each r	off that you have uploa equired document	ded		
Previous					•			Next

On the certification tab, identify funding source for the bus (if applicable) and any other expenses. Some funding options will require documentation to be uploaded. Pop-up messages will explain any requirements.

Contact Information	Destination	Participants	Transportation	Documents	Certification	
Requestor Ce	rtification and	Submittal				
Funding - LAUS Note: Bus cance	D Bus ellations must be	done at least 24	hours prior to trip t	to avoid charges		
Cost Center <i>(Se</i>	lect one)*:	137	6701 15TH ST EL		-	
Funding Type (Select one)*:					
🗌 Reimbu	rsable					
🕑 Student	Body Funds					
🗌 Title 1		Select			•	
Program	n	Select			-	
Funding - Other	Expenses - e.g. a	dmission,chart	er bus, lodging,plan	e fare, etc. <i>(selec</i>	t all that apply)	V)
🖉 No othe	r expenses					
🗌 Reimbu	rsable					
🔲 Student	Body Funds					
Title 1		Select			•	
Program	ı	Select				

Describe the educational benefit. Next, indicate whether or not the site will be requiring a letter of self-insurance; if so, Risk Management will be notified. Then, check off the statements listed to offer an assurance of compliance with District requirements. Finally, after reviewing a summary of your request, click "Submit." Return to "Dashboard" to view status.

Contact Information	Destination	Participants	Transportation	Documents	Certification		🚳 Dashboar
Requestor Certi	fication and	Submittal					
Educational Benefit	(briefly describe	the educational l	benefit to participat	ing student(s)*			
Corresponds	with curriculum or	n ocean animals an	d habitats				
Did the facility oper	ator request a <u>Le</u>	tter of Self-Insura	ance? *				
○ Yes ● No							
Certify the following	statements by o	hecking the boxe	es below: *				
🕜 All parent/gi	lardian permissi	on slips will be ob	otained prior to trip	and kept on file	at the school fo	or 7 years	
🖌 Currently, St	udent-to-Chaper	one ratio is 10	0:1. All participants	rosters will be u	odated as soon	as I am aware of any change	es/additions
All non-LAUS	5D employee cha	perones will satis	sfy the volunteer re	quirements in B	JL-6746.2, Estat	olishing and Administering S	chool/Office Volunteer Programs
Comments(Optiona):	Viev	v summary of	f request b	efore subm	nitting	
							1
IMPORTANT: Plea: changes will requi	se CLICK HERE to re cancelling the	review trip detai existing request	ils before submittin; and submitting a n	g. Once you sub ew request.	mit your reques	t, you can only update partic	cipant rosters and documents. All other
Previous							Save Submit

The dashboard will provide status on a trip. A check (\checkmark) indicates submittal (requestor) or approval (offices). A dash (-) indicates pending. Other features on the dashboard are outlined below.

													-			- P		Curr			
	Scho	ol Year		Approved By															🛗 Ca	alend	ar View
	201	9-20	•	Select	•																
	Sho	wing 1 to 5 o	of 10 entries	5													Searc	:h:			
								Status													
Once s in to u	ubm pdat	RefNo itted, re e roster	 School equestor and door 	can go bac cuments	; Destination	0	Trip Start	0	LAUSD Bus Info	Summary	Requestor	Principal	Nurse Outdoor & Env Ed	Athletics	Env Health & Safety	Risk Management	Title 1	Local District	Superintendent	Transportation	Status
	0	20-1050	15TH ST	EL	AQUARIUM OF THE PACIFIC		10/02/201	9 6		•	- ~	N -	•			-		-		-	SUBMITTED
					View LAUSD Bu	ıs (A	#) detai	/ Is		H	[love	Pend	ding ver to	n ch	eck	sta	tus				
	Sho	w 5 🔻 e	entries			Vie	w sumr	/ nai	y						cen	First	Pre	evious	s 1	2	Next Last
	Crea	ate New Requ	iest 🕞 Clo	one X Cancel	C Delete Report																
Clonin creatii that ca to fit v	g car ng a c an th our c	n save til copy of a en be tw current r	/ me by a trip veaked needs	Reports trips by t etc	/ allow you to analyze yo trip type, date, destina	our tion,	,														

View all trips in calendar format