



Guide for Requesting an Athletic League/ Non-League Field Trip

Step One

Type in the address ifieldtrip.lausd.net, then log in to the system by entering your LAUSD single sign-on and password.

Step Two

Click on the Create New Request button to begin.

RefNo	School	Destination	Trip Start	LAUSD Bus Info	Summary	Requestor	Principal	Nurse	Outdoor & Env Ed	Athletics	Env Health & Safety	Risk Management	Title 1	Local District	Superintendent	Transportation	Status
19-1951	SH																
19-1950	SH																
19-1946	SH	.SH...	09/12/20														
19-1945	SH	SH...	09/12/20														SUBMITTED
19-1944	SH	.SH...	09/12/20														SUBMITTED



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Step Three

Click on the radio button to indicate if you are the main contact during the league/non-league season. Information will auto-populate. If you are not, manually enter the contact info.

Contact Information | Destination | Participants | Transportation | Documents | Certification

Contact Information

Are you the main contact during the trip?*

Yes No

Main Contact Details*

Employee Name:

Employee ID:

Employee Cell#:

School Taking Trip*

Cost Center Code:

Yes = Your Contact Info Auto-Populates.

No = Contact information will need to be manually entered.

Tip: Ensure that the correct code for the school going on the trip is entered in the 'Cost Center Code' box.

Step Four

Select "Athletic" for the type of trip and "League/Non-League (in Season)" for the type of athletic trip.

Contact Information | Destination | Participants | Certification

Destination

1 2

Type of Trip*

Non-Athletic

Athletic

Which Type of Athletic Trip?*

Tournament

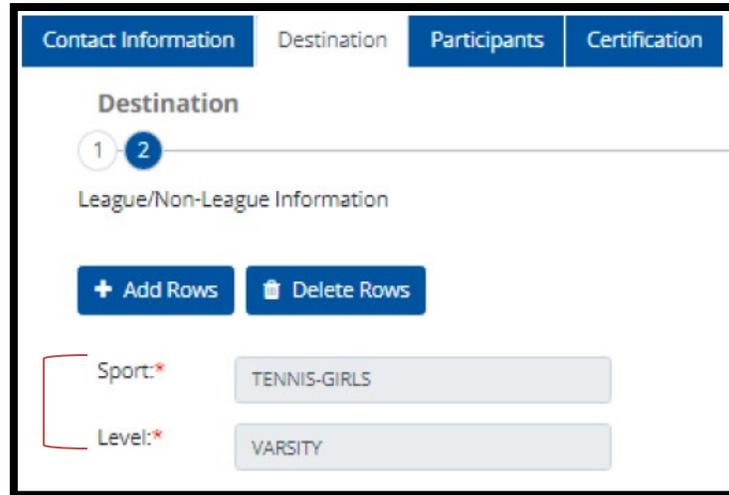
League/Non-League (in Season)

Playoff/Championships

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Step Five

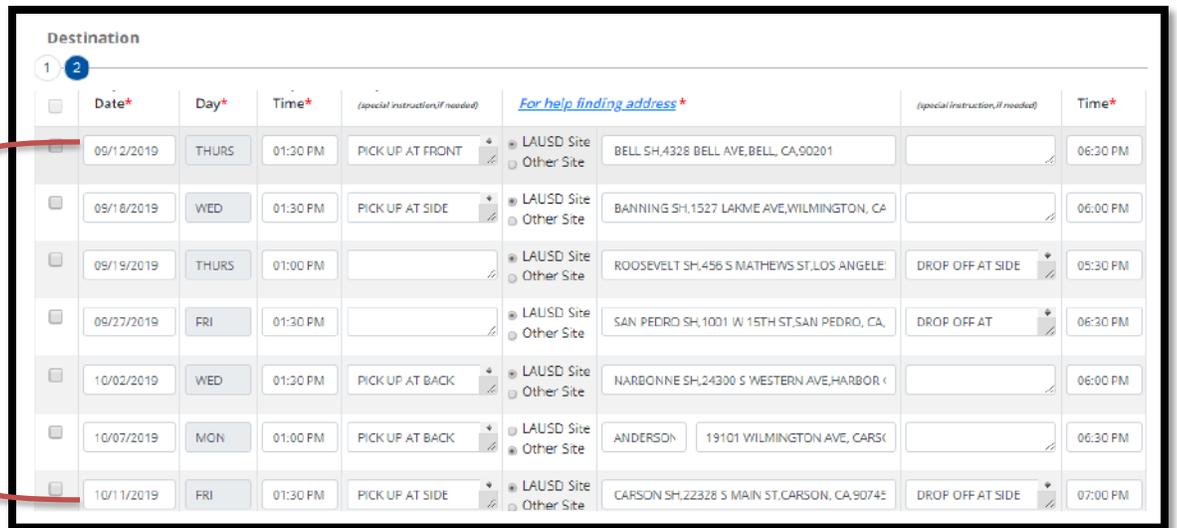
Select sport and level.



Step Six

Add rows to enter the dates, days, times, and destinations of the season's league/ non-league games.

Each row can be filled out individually to inform Transportation Services Division of the different needs of each pick-up/drop-off.



	Date*	Day*	Time*	(special instructions, if needed)	For help finding address*	(special instruction, if needed)	Time*
<input type="checkbox"/>	09/12/2019	THURS	01:30 PM	PICK UP AT FRONT	LAUSD Site Other Site	BELL SH, 4328 BELL AVE, BELL, CA, 90201	06:30 PM
<input type="checkbox"/>	09/18/2019	WED	01:30 PM	PICK UP AT SIDE	LAUSD Site Other Site	BANNING SH, 1527 LAKME AVE, WILMINGTON, CA	06:00 PM
<input type="checkbox"/>	09/19/2019	THURS	01:00 PM		LAUSD Site Other Site	ROOSEVELT SH, 456 S MATHEWS ST, LOS ANGELE	DROP OFF AT SIDE 05:30 PM
<input type="checkbox"/>	09/27/2019	FRI	01:30 PM		LAUSD Site Other Site	SAN PEDRO SH, 1001 W 15TH ST, SAN PEDRO, CA	DROP OFF AT 06:30 PM
<input type="checkbox"/>	10/02/2019	WED	01:30 PM	PICK UP AT BACK	LAUSD Site Other Site	HARBORNE SH, 24300 S WESTERN AVE, HARBOR	06:00 PM
<input type="checkbox"/>	10/07/2019	MON	01:00 PM	PICK UP AT BACK	LAUSD Site Other Site	ANDERSON 19101 WILMINGTON AVE, CARSON	06:30 PM
<input type="checkbox"/>	10/11/2019	FRI	01:30 PM	PICK UP AT SIDE	LAUSD Site Other Site	CARSON SH, 22328 S MAIN ST, CARSON, CA, 9074E	DROP OFF AT SIDE 07:00 PM



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Step Seven

Click to advance to "Participants Details," bubble 4 of the participant's tab. Enter the expected counts of student and adult participants and observe the calculation of the student's chaperone ratio.

	Participants Currently Entered	What will be your total participant counts?
Elementary Students (Grade 5 or below) *	0	0
Secondary Students (Grade 6 or above) *	0	20
Chaperones *	1	1
Individuals Supporting Specific Students	0	0
Student-to-Chaperone Ratio	0:1	20:1

Step Eight

After advancing to the certification screen, click to input funding information and write in an educational benefit.

Requestor Certification and Submittal

Funding - LAUSD Bus
N/A

Funding - Other Expenses - e.g. admission, charter bus, lodging, plane fare, etc. (select all that apply)

No other expenses
 Reimbursable
 Student Body Funds
 Title 1 ---Select---
 Program --Select--

Educational Benefit (briefly describe the educational benefit to participating student(s) *)
 CIF



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Step Nine

Click if a letter of self-insurance is needed, then check off statements to provide assurances regarding student and adult participants.

Did the facility operator request a [Letter of Self-Insurance?](#) *

Yes No

Certify the following statements by checking the boxes below. *

- All current physical examination and parent/guardian consent forms will be obtained prior to trip
- Currently, Student-to-Chaperone ratio is 20:1. All participants rosters will be updated as soon as I am aware of any changes/additions
- All non-LAUSD employee chaperones will satisfy the volunteer requirements in [BUL-6746.2, Establishing and Administering School/Office Volunteer Programs](#)

Comments(Optional):

IMPORTANT: Please [CLICK HERE](#) to review trip details before submitting. Once you submit your request, you can only update participant rosters and documents. All other changes will require cancelling the existing request and submitting a new request.

[Previous](#) [Save](#) [Submit](#)

Step Ten

Click on the link to review trip details in a summary page before submitting the request. Go back and make changes or submit the request if it is ready.

Reference No: 19-1944

Contact Information

Employee ID: 00713828
 Employee Name: WALLACE,DEBORAH
 Employee Cell: (562) 492-1570
 Location Code: 1866401
 School Name: GARDENA SH

Destination

Type of Trip: ATHLETIC - LEAGUE/NON-LEAGUE
 Sport: TENNIS-GIRLS
 Level: VARSITY

Depart Date	Day	Depart Time	Depart Info(special instruction,if needed)	Destination	Destination Info(special instruction,if needed)	Return Time	Confirm #
09/12/2019	Thursday	09:00 AM		BELL SH		09:00 AM	A9096394
09/18/2019	Wednesday	01:30 PM		BANNING SH		06:00 PM	A9096395
09/19/2019	Thursday	01:30 PM		ROOSEVELT SH		06:00 PM	A9096396
09/27/2019	Friday	01:30 PM		SAN PEDRO SH		06:00 PM	A9096397
10/02/2019	Wednesday	01:30 PM		NARBONNE SH		06:00 PM	A9096398
10/07/2019	Monday	01:30 PM		RANCHO		06:00 PM	A9096399