

FIELD TRIP REQUEST FORM

- Day Trip, school day
Overnight Trip ___ Nights
Day Trip, non-school day
Out-of-State Trip ___ Nights

Date(s) of Trip ___ Alternate(s) ___

Destination _____

If overnight or out-of-state: Intermediate destinations, departure, and arrival times:

Date of Request ___ # days prior to trip ___

Sponsoring Group ___ School ___

Number of Students Participating ___ Number of Chaperones ___

Purpose of Trip _____

Attach documentation for scheduled events, programs

Swimming included [] Yes [] No If yes, complete #(2) 6153

Estimated Cost of Trip ___ Cost per Student ___

- School M/E [] Student Body [] Athletics [] Organization Budget
[] Fund-raising [] Student/Parent Contribution [] Other _____

CHECK WITH BUDGET SECRETARY FOR FINANCIAL REQUIREMENTS & DEADLINES

- Mode of Transportation: [] Contract Bus [] Employee Car [] Volunteer Car
[] Student driven car [] Other: _____

Automotive transportation required completed Driver Certification Form #(1) 3541.1 and insurance declarations

Insurance Coverage Needed: (See 5142 - Insurance)

- [] Day Trip: Student insurance for students not covered by their own or parent's insurance, insurance available through the District
[] Overnight or Out-of-State Trip: Extended Short-Term Group Coverage, available through the District

Staff Member in Charge (print name) _____

I have read and will abide by Board policies and regulations pertaining to field trips.

(cf. 6153 - District-Sponsored Trips)
(cf. 5142 - Transportation for School-Related Trips)
(cf. 3541.1 - Insurance)

Staff Member Signature _____

Principal's Signature _____ Date _____