



CARUTHERS UNIFIED SCHOOL DISTRICT

REQUEST FOR FIELD TRIP

DATE OF FIELD TRIP _____ SCHOOL SITE _____

PROGRAM/ORGANIZATION _____

EVENT _____

EVENT LOCATION _____

TIME DEPARTING CHS _____ TIME ARRIVING AT EVENT _____

TIME DEPARTING EVENT _____ TIME RETURNING TO CHS _____

NAME OF TEACHER(S)/CHAPERONES _____

TYPE OF TRANSPORTATION: # of Buses _____ #of Vans _____

(A request for transportation must accompany field trip request if district transportation is being used. If lunches are required notification must be made in writing to the Food Service Manager)

NUMBER OF STUDENTS ATTENDING BY GENDER: # of Male _____ #of Female _____

NUMBER OF CHAPERONES BY GENDER: # of Male _____ # of Female _____

COST PER STUDENT _____ DISTRICT COST _____

TYPE OF TRIP REQUESTED: #of days Overnight _____ 1 day _____

****ALL overnight field trips must be submitted to Administration Sixty (60) days prior to departure for approval by the Board of Trustees of Caruthers Unified School District.***

REQUESTED BY _____ DATE REQUESTED _____

APPROVED BY _____ DATE APPROVED _____

DATE OF BOARD APPROVAL/DENIAL _____

REASON FOR DENIAL _____

OFFICE USE ONLY	
Calendar	_____
Master Calendar	_____
Web Site	_____
Parent Square	_____