

# CALABASAS HIGH SCHOOL

## FIELD TRIP REQUEST FORM

PLEASE ANSWER ALL QUESTIONS. THIS FORM MUST BE RECEIVED BY THE ASSIST. PRINCIPAL. OF ACTIVITIES AT LEAST 6 WEEKS PRIOR TO FIELD TRIP.

Teacher/Advisor: \_\_\_\_\_ Date of Trip: \_\_\_\_\_

Class/Group: \_\_\_\_\_ No. of Students: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Return Time (to CHS): \_\_\_\_\_

Destination: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Reason for Field Trip: \_\_\_\_\_

CA State Teaching Standard \_\_\_\_\_

***ALL FIELD TRIPS ARE SUBJECT TO CLASSROOM TEACHER/ADMINISTRATOR APPROVING THE RELEASE OF INDIVIDUAL STUDENTS.***

### **FIELD TRIP CATEGORIES:**

**A. Regularly scheduled Program, Competition or Performance. Trip is a requirement of the course (Minimum GPA of 2.0 verified by Coach/Teacher).**

**B. Curricular** – Field trip enhances the course and supports standards.

**C. Enrichment** – Educational opportunity that is above and beyond the normal scope of a class, club, or other organization. When possible, enrichment opportunities should be scheduled at a time that does not impact instructional time.

Transportation: \_\_\_\_\_ School Bus \_\_\_\_\_ District Van

Funding source ASB or School Account Number: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied : \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_  
(If applicable)

Assistant Principal, Activities: \_\_\_\_\_ Date: \_\_\_\_\_