

Coast Unified School District FIELD TRIP REQUEST

***Please note: To allow for proper processing, all completed forms *must be submitted* 15 days prior to the date of the requested trip. All Overnight, Out of County, and trips in which enrolled students swim or play in a body of water that poses a risk of drowning for students must be approved by the Board of Trustees. Please submit 2 weeks prior to Board meeting. Board meetings are held on the 2nd Thursday of every month except when otherwise noted.**

School Site: _____ Student Grade(s) attending: _____

Destination: _____

Destination Address: _____

Leave Day: _____ Date: _____ Time: _____ Return Day: _____ Date: _____ Time: _____

Additional Stops (if applicable): _____

Purpose of Trip: _____

Name of Requestor (s) Teacher (s): _____

Substitute Needs – Please specify

No Substitute Full Day(s) Substitute # of Day(s) Half Day(s) Substitute # of Days(s) Period Substitute

Chaperones must be age 21 or older (AR 6153 School Sponsored Trips)

Total number of students attending: _____

Number of female students attending: _____ Number of male students attending: _____

Number of female chaperones attending: _____ Number of male chaperones attending: _____

Is this a Water Activity Field Trip? Yes _____ No _____ If yes, explain: _____

Is this an Overnight Field Trip? Yes _____ No _____ If yes, explain: _____

Lodging: _____

Type of Transportation: _____ Cost of Transportation: \$ _____

Fees: \$ _____ Food: \$ _____ If applicable, notify Food Services # of Sack Lunches: _____

**** A Transportation Request Form MUST be sent to the Transportation Department including the use of Charter Transportation.**

Total Cost of Trip: \$ _____ Funding Source: _____

Safety/Liability Considerations: Parent permission to travel, participate and treat in case of emergency will be secured for each participant. The supervising teacher(s) and school office will each retain copies of permission forms.

Teacher's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

FOR DISTRICT OFFICE USE ONLY

Date received at D.O. _____ D.O. Approval: Yes _____ No _____ Board Agenda Date: _____