



## Cheney Public Schools FIELD TRIP REQUEST FORM FOR LOCAL OR DAY TRIPS

(NOTICE TO STAFF: Trip requests must be received by the building principal at least 2 weeks prior to the trip.)

Staff Name(s):		<input type="checkbox"/> Instructional <input type="checkbox"/> Extracurricular	
School Name:		Grade(s):	
Destination (including address):			
Departure Date:		Departure Time:	Number of Students:
Return Date:		Return Time:	Number to Transport:
Purpose of Trip (standards/learning targets):			
Estimated Costs (meals, registrations, transportation, etc.):		Source of Funds (ASB, building, student expenses, etc.):	
Chaperone ratios 1:5 for K-5, 1:10 for 6-12. All volunteers must be approved through the district "WSP cleared" and have completed a Chaperone Guideline form prior to the trip.			
1: _____	<input type="checkbox"/> Need Sub OR <input type="checkbox"/> WSP Cleared	4: _____	<input type="checkbox"/> Need Sub OR <input type="checkbox"/> WSP Cleared
2: _____	<input type="checkbox"/> Need Sub OR <input type="checkbox"/> WSP Cleared	5: _____	<input type="checkbox"/> Need Sub OR <input type="checkbox"/> WSP Cleared
3: _____	<input type="checkbox"/> Need Sub OR <input type="checkbox"/> WSP Cleared	6: _____	<input type="checkbox"/> Need Sub OR <input type="checkbox"/> WSP Cleared
Means of Transportation (select all that apply): <input type="checkbox"/> School Bus <input type="checkbox"/> School Van <input type="checkbox"/> School Suburban <input type="checkbox"/> Walking <input type="checkbox"/> Public Transit <input type="checkbox"/> Other: _____		Trip Ticket Submitted: <input type="checkbox"/> YES, ticket # _____ <input type="checkbox"/> NO	
Sack Lunches Requested to Nutrition Services? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Does this trip involve any high-risk activities? <input type="checkbox"/> YES <input type="checkbox"/> NO	Preliminary Rosters Provided to Nurses: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Staff Name(s) and Contact Phone Number(s):		Date and Admin Name of Preliminary Approval:	

Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* \* \* \* \* **FOR BUILDING PRINCIPAL AND ADMINISTRATION USE ONLY** \* \* \* \* \*

Request GRANTED     Request DENIED    Principal's Signature: \_\_\_\_\_

Signature of Approval: \_\_\_\_\_ School Nurse

Signature of Approval (if ASB funds used): \_\_\_\_\_ ASB Treasurer

Signature of Approval (if extended area/overnight): \_\_\_\_\_ Assistant Superintendent

Signature of Approval (if out of state/international): \_\_\_\_\_ School Board