



Cheney Public Schools FIELD TRIP REQUEST FORM FOR EXTENDED AREA OR OVERNIGHT TRIPS

(NOTICE TO STAFF: Requests must be received by the building principal at least 4 weeks prior to the trip, district or school board approval required!)

Staff Name(s):		<input type="checkbox"/> Extended Area Trip <input type="checkbox"/> Overnight Trip	
School:		Grade(s):	Total # of Students:
Destination (including address):			
Departure Date:	Departure Time:	Departure Location:	Student Time to Arrive:
Return Date:	Return Time:	Return Location:	Total # of Days:
Purpose of Trip (standards/learning targets):			
Itinerary (attach as necessary):			
Chaperone ratios 1:10 for K-6, 1:15 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	
Source of Funds:			
Lodging Information (business name/address/phone and dates of stay):			Lodging Estimated Costs:
Food/Meals Paid by District:			Food Estimated Costs:
Other Expenses:			Other Estimated Costs:
Means of Transportation (select all that apply): <input type="checkbox"/> District Vehicle <input type="checkbox"/> Charter Bus <input type="checkbox"/> Airplane <input type="checkbox"/> Train <input type="checkbox"/> Other: _____			Transportation Estimated Costs:
Trip Ticket Submitted to Transportation? <input type="checkbox"/> YES, ticket # _____ <input type="checkbox"/> NO	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