FIELD TRIP REQUEST FORM

☐ Day Trip, school day ☐ Overnight Trip_____Nights

☐ Day Trip, non-school day ☐ Out-of-State Trip_____Nights

☐ High Risk Trip, *(i.e. ropes course, rock climbing, non-interscholastic swimming, TEAM extended field trips, Mountain Biking)*

Date(s) of Trip_____ **Alternate Date(s)**_____

Destination_____ **City**_____ **State**_____

If overnight or out-of-state: Intermediate destinations, departure, and arrival times:

_____

_____

Date of Request_____ **# days prior to trip** _____

Sponsoring Group_____ **School**_____

Number of Students Participating_____ **Number of Chaperones** _____

Purpose of Trip _____

_____

Attach documentation for scheduled events, programs

Swimming included ☐ Yes ☐ No *If yes, complete form # (2) 6153*

CHECK WITH BUDGET SECRETARY FOR FINANCIAL REQUIREMENTS & DEADLINES

Estimated Cost of Trip_____ **Cost per Student** _____

School M/E ☐ Student Body ☐ Athletics ☐ Organization Budget

☐ Fund-raising ☐ Student/Parent Contribution ☐ Other_____

Mode of Transportation: ☐ Contract Bus ☐ Employee Car ☐ Volunteer Car

☐ Student driven car ☐ Other:_____

Automotive transportation required completed Driver Certification Form # (1) 3541.1 and insurance declarations

Insurance Coverage Needed: *(See 5142 - Insurance)*

☐ **Day Trip:** Student insurance for students not covered by their own or parent's insurance, insurance available through the District

☐ **Overnight or Out-of-State Trip:** Extended Short-Term Group Coverage, available through the District

Staff Member in Charge (print name)_____

☐ **I have read and will abide by Board policies and regulations pertaining to field trips.**

(cf. 6153 - District-Sponsored Trips)
(cf. 5142 - Transportation for School-Related Trips)
(cf. 3541.1 - Insurance)

Staff Member Signature _____

Principal's Signature_____ Date _____

TAMALPAIS UNION HIGH SCHOOL DISTRICT

Larkspur, California