

FIELD TRIP REQUEST FORM

DATE COMPLETED

(must be 2 weeks prior to departure date)

Teacher/Advisor Name: Dept/Club/Class/Activity:

Departure Date: Day: Return Date: Day:

Depart Time: Return Time:

**Overnight travel forms completed yes no n/a Date of District Office approval:

Destination: _____

Destination Address: _____

Purpose of trip: (brief description) _____

Teacher Cell Phone:

Number of Students: Number of Adults (incl. teacher/advisor): min ratio 1:20 at Admin discretion

Preliminary Roster given to nurses' office? yes no

Chaperone #1 _____ Background check 21+ Driver

Chaperone #2 _____ Background check 21+ Driver

Chaperone #3 _____ Background check 21+ Driver

COST

Registration/Admission	\$	Paid by:
Lodging / Food	\$	Paid by:

TOTAL COST to Student

\$

Transportation (estimate)	\$	Paid by:
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ASB Bookkeeper Informed

yes no n/a

BUS VAN PRIVATE CAR WALK FERRY (check all that apply)

Transportation Request submitted

yes no n/a

Staff Substitute Required yes no

Form 322 – PD form submitted

yes no n/a

Date Approved: _____ Principal Signature: _____

Date Approved: _____ CTE Director Signature: _____