LIBERTY UNION HIGH SCHOOL DISTRICT
OVERNIGHT FIELD TRIP/ATHLETIC EVENT FORM

ATTACHMENTS:
□ Itinerary
□ Registration Form

Site: _____

Organization, Team, etc.: _____

Destination of Trip: _____

Purpose of Trip: _____

Departure: Day:_____ Date:_____ Time:_____

Return: Day:_____ Date:_____ Time:_____

Number of School Days: _____

Staff Member in Charge: _____ Phone #_____

Number of Students Involved: _____ Number of Chaperones (1:15) _____

Chaperone Information:	Name	*ALL HR Clearances Yes/No	Contact Information: Cell	Email
1.				
2.				
3.				
4.				
5.				
6.				

Transportation Mode: □ BUS □ PRIVATE VEHICLE, if yes □ Proof of Insurance □ Driver's License

Lodging: _____ Location:_____ Telephone:_____

Lodging:_____ Location:_____ Telephone:_____

Cost Paid By: Student $_____ LUHSD Organization $ _____ Fundraiser $ _____

Educational Value of Trip: _____

Type of Follow-up: _____

Applicant Name & Signature _____

Submission Date to Principal: _____

APPROVALS:

Principal's Signature/Date: _____

HR Signature/Date: _____

Board Meeting Date:_____

CHAPERONE CLEARANCES ON FILE:
TB-FINGERPRINTS-DRIVER'S LICENSE

□ **1** □ **2** □ **3**

□ **4** □ **5** □ **6**