WALLA WALLA PUBLIC SCHOOLS SCHOOL SPONSORED FIELD TRIP APPROVAL FORM
For in district and out of district field trips

This form must be approved by your principal in time to meet the transportation deadline of at least 20 calendar days, and for health room clinics to have at least 10 school days to prepare for the field trip.

School: _____ Teacher(s) _____ Grade(s)_____
(The teachers listed above will be designated as primary chaperones.)
Trip Destination: _____

Date(s) of Trip(s): _____

Departure Time: _____am/pm Return Time: _____am/pm

Educational benefit of trip: _____

_____

Preliminary itinerary and planned activities planned during the trip: (Please attach any related brochures and information.)

_____

_____

Does the trip involve high risk activities (swimming, boarding in/around water, remote locations, hiking, animals, motorized activities, outdoor education, other high risk activities) ___Yes ___ No

If yes, please explain: _ _____

_____

Estimated # of students: _____ Student/chaperone ratio: **1:12**
(Please attach roster of students who are in the class(es) attending)

# of chaperones needed: _____ Any specific qualifications needed of chaperones that will be added to the description in VIP? ___ Yes ___No

If yes, list specific qualifications: _____
Means of travel: Bus and # of buses _____ Other, specify _____

Will food be needed: ____ Yes ____ No If yes, how will it be provided? _____
Will housing be needed: ____ Yes ____ No If yes, what type and where? _____

Estimated cost of trip and funding source(s):_____

_____

(Please see other side for additional information)

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Name of person submitting this approval form: _____

Date submitted to principal: _____

Reviewed field trip plan with principal on: _____

The trip can be approved with the following modifications: _____

_____

The trip is not approved due to the following reasons: _____

_____

_____ _____
Signature of Principal **Date**
The trip is approved principal: _____Yes _____No

_____ _____
Signature of Director (If applicable) **Date**
The trip is approved director: _____Yes _____No

If the trip is high risk, out of state, or overnight, or out of the country you must also obtain the approval and signature of the Assistant Superintendent at least 6 weeks in advance:
The trip is approved: _____Yes _____No

_____ _____
Signature of Assistant Superintendent **Date**

Once approval has been secured, this form must be emailed or a copy provided to:

- Secretary
- School nurse and HRA
- Kitchen Manager if elementary or middle school
- Community in Schools for VIP posting if chaperones are needed

(Please see other side for field trip specifics)