Overnight/Out of State Field Trip Check Off Form

Must be submitted to the Superintendent's administrative assistant six weeks prior to the date of travel for School District/Board approval so please plan accordingly.

Teacher Name: _____ Date of Field Trip: _____ Date of Application: _____

Destination:_____

This is the first step in organizing your field trip. It is important that the following information be obtained and completed before **turning** in your field trip packet.

Please determine who will be approving payment of your trip and check next to the appropriate name.

☐ Building/CTE – Principal

☐ Department – Department Chair

☐ ASB – ASB AP/Principal (overnight)

☐ ASB – Student Signature

The field trip packet should contain the following

☐ Request for School Board Approval of Field Trip In state and out of state/Overnight field trip (Form 2320F1a)

☐ Overnight Field Trip Consent Form (2320F1)

☐ If the field trip includes an amusement park visit Form (2320b) must be included

☐ School Bus or Van Request Form. Complete one form for departure and one form for return if separate trips. (If more than one bus or van is required for a trip, a separate form must be filled out for each vehicle). Please note only District employees are able to drive District vehicles.

☐ District Travel Request Form for Absence completed for every staff member (including coaches) traveling with the group (whether a sub is needed or not) and a list of all volunteer chaperones (all volunteers must have a current volunteer packet on file). Please adhere to the chaperone to student ratio as per 2320P.

☐ Permission to carry non-prescription medication/Authorization for administration of medication at school

☐ Letter to Parents and School Board with purpose for the trip, itinerary, travel arrangements, hotel name, student's sleeping arrangements, chaperone list, meal plan, etc. Plan for supervision of activities and accommodations. Pool information must be included in this letter:

- Hotel swimming pool will not be available (Option 1)
- The hotel pool is available for use and is not supervised by a lifeguard. A chaperone must be present with students at the pool location at all times. (Option2)

☐ ASB and/or District requisitions for registration, accommodations and meals complete with addresses, costs and signatures. If you have already completed the requisition(s), you need to include a copy of each requisition with this packet to speed up the process of district approval.

☐ Purchase order number (if available)

☐ Student roster and approved chaperones (be sure to email list of students attending to the attendance office)

☐ If ASB Field Trip ASB Minutes must be attached

Please turn in the completed packet to bookkeeper's office if it's ASB or principal's assistant if it's General Fund/CTE for processing

Snohomish School District No. 201

REQUEST FOR SCHOOL APPROVAL
IN-STATE AND OUT-OF-STATE / OVER-NIGHT FIELD TRIP (EXCURSION)

Please begin this process at least two to three months in advance of trip and no less than six weeks prior to field trip date. Submit through your building approval process. All necessary arrangements must be approved by principal or designee. Field trip paperwork must be received to the Superintendent's Office four weeks prior to the field trip date.

Person in Charge of Trip: _____ Today's Date: _____

School _____ Group/Class: _____ Grade(s): _____

Number of Students: _____ Number of Chaperones: Staff _____ Parents _____ Other Volunteers _____

☐ I have verified volunteers have a WA State Patrol check and completed Criminal History Disclosure form on file prior to unsupervised contact with students.

Purpose of Trip: _____ Destination: _____

Address: _____

Date of Trip: Departure _____ Return _____

Time of Trip: Departure _____ Return _____

Will you or any other staff member:

☐ Yes ☐ No miss days of work? Please fill out a District/Travel Request form.

Estimated Cost Breakdown Per Student:		**Per Group**	**Funding Source/Code:**
District Costs			
Registration/Fee	$_____	$_____	_____
Substitutes	$_____	$_____	_____
Transportation	$_____	$_____	_____
Lodging	$_____	$_____	_____
Meals	$_____	$_____	_____
Miscellaneous	$_____	$_____	_____
Total	**$_____**	**$_____**	
Cost to Student:	$_____		
Cost to School/GF:	$_____	**Cost to ASB**: _____	**Cost to other sources**: _____

(*the student cost should equal what the student is required to pay for the trip) (CTE, Athletics, ETC.)

Budget Code: _____ Budget Code: _____

_____ _____

Signature of Accountable Administrator Date Signature of Accountable Administrator Date

ASB Funded: ☐ Yes ☐ No ASB Signature/Approval (if applicable) _____

Monetary Assistance for students and families in need: Describe how this is communicated, accessed, and funded

_____

Source: ☐InvestEd ☐Scholarship ☐Grants ☐Fundraising ☐Parent Club ☐Other _____

Note: Prior to all field trips, student rosters must be submitted to the Attendance Office and parent permission slips must be on file.

Signature/Approval of Principal: _____ Date: _____

School Board, Superintendent or designee Approval Date: _____ (See Procedures No. 2320P)

- **Be sure to attach to this form: written plan including tentative Itinerary (including: departure time and place, major events, chaperones, overnight accommodation location and structure, proposed modes of travel, planned stops, return time and place, the number of school days that students and staff will miss, and a proposal for how staff who miss school because they attend the excursion propose to account for their absence).**

OVERNIGHT FIELD TRIP ACTIVITIES CONSENT/CLEARANCE FORM

Today's Date: _____

Student's Name: _____ School: _____

TRIP INFORMATION: *(To be completed by the field trip organizer)*
A well planned field trip is an integral part of an educational program. The Snohomish School District takes care in providing for the safety and welfare of students while they are off campus. Supervision is provided by responsible staff members and/or volunteers.

Staff Member in Charge: _____ Grade Level/Dept.: _____

Date of Trip: _____ Destination: _____

Departure Time: _____ Return Time: _____

Cost for trip: _____ Payment date: _____

Purpose of Trip: _____

Mode of Transportation:

- District-Owned: Bus ☐ Van ☐ Car ☐ or public transportation Airplane ☐ Train ☐
  ☐ I have verified drivers of District vehicles are employed by the District and have a Type 1 (renewed annually) on file.
- Other (specify) _____
  (Commercial transportation must be accompanied by a Certificate of Insurance, with no less than $1,000,000 combined single limit.)

PARENT/GUARDIAN CONSENT:

Parents should sign after all teachers have signed and/or commented on back (Secondary Only)

As a parent or legal guardian, I authorize a qualified physician or other health care provider to examine the above-named student and, in the event of injury, to administer emergency care and to ensure proper care of any injury as deemed necessary: Yes ☐ No ☐

In the event it becomes necessary for Snohomish School District staff-in-charge to obtain emergency care for your student, neither he/she nor the Snohomish School District assumes financial liability for expenses incurred because of accident, injury, illness and/or unforeseen circumstances.

I have read the trip information and understand that the school district will make every reasonable effort to provide a safe environment. I am fully aware of any risks inherent in participating in the activities summarized above about the trip. Furthermore, if a pool is available, the hotel pool is not supervised by lifeguards and swimming (no diving) is permitted. Use of the pool will only be allowed when a trip chaperone is present at the pool. Being fully informed as to these risks, I hereby consent to my child participating in the activities. If I am signing on behalf of a minor, I recognize that I may not release any claims the minor may have. However, I also agree to hold harmless and indemnify Snohomish School District for any claims brought by the minor, or others due to the negligence of the minor.

I acknowledge that I have received and am familiar with the student rules of conduct. I understand that Athletic and/or school rules of conduct and all policies and procedures in the Student Handbook will apply while on this trip and pledge that my conduct will at all times reflect credit upon my parents, school and self. I understand that by signing this contract stating that: Failure to adhere to the codes of conduct could result in but are not limited to disciplinary actions and/or removal from the trip.

Student must initial next to each rule; both the student and parent/guardian need to sign this form.

- *I will be on time to all scheduled events.* _____
- *I will stay in my assigned hotel room during curfew hours.* _____
- *I will not take any non-district provided transportation without permission from the person in charge of the trip.* _____
- *I will keep the trip leader informed of my whereabout at all times. When not together with the entire group, I will remain in groups of at least two or more students.* _____
- *I will wear appropriate clothing at all times.* _____
- *I will not possess alcoholic beverages, drugs including marijuana, vaping devices, and/or tobacco at any time.* _____
- *If I receive disciplinary action that requires my removal from the event, I understand that my parent/guardian must escort me home. My parent/guardian and I will be responsible for any expense incurred as a result of my removal, including travel-related costs.* _____

Student's Name: _____ Student Signature:_____

Printed name of Parent/Guardian name: _____ (H) Phone #:_____

Parent/Guardian Signature_____ Date:_____ (C) Phone #:_____

LIST ANY SPECIAL MEDICAL or OTHER INFORMATION (allergies, asthma, diabetes, etc.)

_____

In the event of an emergency (injury, illness), I wish the following person to be notified in case I cannot be contacted:

Emergency Contact #1: _____ Phone#:_____

Emergency Contact #2:_____ Phone#:_____

Teacher Input/Comments (Secondary Only)

Period 1: _____ Teacher: _____
Recommended ☐ Not Recommended ☐
If not recommended, why: _____

_____

Missed work instructions: _____

Period 2: _____ Teacher: _____
Recommended ☐ Not Recommended ☐
If not recommended, why: _____

_____

Missed work instructions: _____

Period 3: _____ Teacher: _____
Recommended ☐ Not Recommended ☐
If not recommended, why: _____

_____

Missed work instructions: _____

Period 4: _____ Teacher: _____
Recommended ☐ Not Recommended ☐
If not recommended, why: _____

_____

Missed work instructions: _____

Period 5: _____ Teacher: _____
Recommended ☐ Not Recommended ☐
If not recommended, why: _____

_____

Missed work instructions: _____

Period 6: _____ Teacher: _____
Recommended ☐ Not Recommended ☐
If not recommended, why: _____

_____

Missed work instructions: _____

Date submitted: _____

Snohomish School District # 201
TRANSPORTATION REQUEST
360-563-3525

Request must be submitted to transportation three weeks prior to day trips and three months prior to overnight/out of state trips

Vehicle requested: How many buses requested: _____
Estimated # passengers:_____

☐ Small Bus (1-28 Kids)
☐ Large Bus (1-56 Secondary) (1-81 Elementary) *Note: one adult equals two students for seating*
Is a bus with undercarriage needed for luggage, large objects, etc.? ☐ Yes ☐ No
☐ Wheelchair Bus Needed

☐ District Van only ☐ Van (7+ Driver) ☐ Van (9+ Driver) ☐ Other: _____

*If this is a Charter Exchange please contact _____ so the school can decide if they need to cancel the trip

Requested by: _____ Cell Phone: _____

School: _____

Trip Name: _____ Date of trip: _____

Reason for the trip:
_____

TRIP TIMES

Depart date: _____ Depart time: _____ Return date: _____ Return time: _____

Destination: _____ Address (required): _____

Drivers stay ☐ Yes ☐ No

Drop off only ☐ Yes ☐ No Pick-up time: _____ (for return trip)

District Van Use Only:

Driver Name: _____ Ending Mileage: _____

Driver Signature: _____ Starting Mileage: _____

Vehicle #: _____ Total Trip Mileage: _____

BILLING INFORMATION-*Must have signatures if paid by ASB

ASB account number: _____ Student signature: _____

General Fund account number: _____

Principal/Budget Supervisor signature: _____ Date: _____

IF AN EMERGENCY ON TRIP, FIRST CALL 911
Transportation office: 360-563-3525
Bus Garage/Shop: 360-563-3529

Revised 03/2025
FT102

SNOHOMISH SCHOOL DISTRICT

District Business/Travel Request Form

Section I: EMPLOYEE INFORMATION

Name_____ Today's Date_____

School_____ Position Title_____

Cert full day ☐ Half day a.m. ☐ Half day p.m. ☐ Classified # of Hours_____

Date of Absence(s)_____ Number of Work Days Absent_____

Name of Activity/Purpose_____

Section II: SUB COVERAGE

Even if you have inhouse coverage this needs to be addressed on this form.

Substitute Required: Yes / No

If yes, post your absence in Aesop. **Aesop Conf #** required field

Reason-check one:

- ☐ BUILDING BUDGET (BLD###)
- ☐ SEA CONTRACTUAL PROF DEVELOPMENT FUND (SPD###)
- ☐ Spec Ed IEP RELEASE (SER00)
- ☐ KINDERGARTEN CONFERENCES (CONF-KND)
- ☐ ELEM COMBO CLASSES (COMBO)
- ☐ KINDY ASSESSMENT (ASSESS-KND)
- ☐ 1st GRADE ASSESSMENT (ASSESS-1ST)
- ☐ 2nd GRADE ASSESSMENT (ASSESS-2ND)
- ☐ BILLABLE TO ASB (ASB)
  (ASB Signature_____)
- ☐ Other_____
- ☐ BILLABLE (BILL)
  Mail Address/Information for Billable:

Account Code:_____

Section III: ESTIMATED TRAVEL EXPENSES

- ☐ No travel expenses will be claimed.
- ☐ Expenses will be claimed and estimated.

Save all receipts for reimbursement

Account Code For Travel

Registration	$_____
Substitute	$_____
Mileage	$_____
Hotel/Travel Expenses	$_____
Miscellaneous incl. meals	$_____
Total Estimated Expenses	**$**_____

Section IV: APPROVAL SIGNATURES

1. Employee's Signature_____ Date_____
2. Supervisor Approval_____ Date_____
3. Budget Approval_____ Date_____
4. Superintendent or Designee Approval_____ Date_____

Distribution: Yellow/Accounting Pink/Building Goldenrod/Employee

SNOHOMISH SCHOOL DISTRICT

1601 Avenue D, Snohomish WA 98290-1799

PURCHASE REQUEST

Date _____

☐ Purchase Order # _____

☐ P-Card (District credit card) # _____

☐ Payment (attach invoice if applicable):

Date Check Needed _____

☐ Hand Carry Check # _____

☐ Mail Check # _____

VENDOR INFORMATION

Vendor _____

Address _____

_____

Phone _____ Fax _____

Website _____

SHIPPING INFORMATION

Ship To _____

Address _____

_____

Mark For _____

Ship Via _____

QUANTITY	UNITS	DESCRIPTION	UNIT PRICE	TOTAL

(IF MORE ITEMS, ATTACH SEPARATE SHEET)

BUDGET EXPENDITURE CODES (REQUIRED)

_____

_____

_____

SHIPPING	
SUB TOTAL	
TAX	
TOTAL	

SIGNATURES REQUIRED FOR GENERAL FUND PURCHASE*

Requested By _____ Date _____

Dept. Head _____ Date _____

Administrator _____ Date _____

Technology (if applicable) _____ Date _____

Purchasing Dept. _____ Date _____

*Note: all necessary approval signatures must be received before placing the order. You may be required to personally pay for unauthorized purchases.

SIGNATURES REQUIRED FOR ASB PURCHASE

Activity Advisor _____ Date _____

Student _____ Date _____

ASB Treasurer _____ Date _____

ASB Administrator _____ Date _____

ASB Bookkeeper _____ Date _____

P-CARD USE

Date items received	Date transaction reviewed	Reconciled
		☐

PLEASE ATTACH ORIGINAL RECEIPTS BEHIND THIS FORM

ORDER INFORMATION

Order Confirmation # _____ Date Order Was Placed _____

August 16, 2023

Board of Directors
Snohomish School District
1601 Avenue D
Snohomish, WA 98290

RE: Name of the group field trip to where

Dear Snohomish School Board,

The class of _____ will be traveling to _____ between the dates of _____and _____ to ___(location)_____. The educational reasons for this trip are the following; _____. The cost of the trip per student is _____. If the students need financial assistance, please contact _____.

Our itinerary is as follows:

Day 1:

Day 2:

Day 3:

Day 4:

Day 5:

Day 6:

Day 7:

Students will be assigned to a chaperone in groups of 10 or less. Each chaperone will be responsible for accompanying student during travel. We are traveling to _____ by _____(bus, train, plane, etc.). Our flight information is tentatively _____. We will be staying at the _____hotel, located at _list the hotel address_____. _Students will be housed ___(fill in number) to a room. Students will be separated by gender. Chaperones will be staying on site at the same hotel as the students in separate rooms. Room checks will be enforced. There is (or is not) a pool at the hotel. Students (will or will not) be allowed to swim in the pool. If the students are allowed to swim in the pool a chaperone will be accompanying them at all times.

On a separate page (not in the letter) please include a list of all of the chaperones and student rosters.

The chaperones have completed their back ground checks, their names are:
1)
2)
3)
4)

The students that will be going on the trip are:
1) Etc.