

# Regulation

INSTRUCTION

8400.1

- TRANSPORTATION
- PRINCIPAL
- BUSINESS OFFICE
- CAFETERIA
- SCHOOL NURSE
- DISTRICT OFFICE

## WATERVILLE CENTRAL SCHOOL FIELD TRIP REQUEST FORM

*(Please submit 30 days in advance for day trips; 90 days in advance for overnight/foreign travel trips)*

**DESTINATION & ADDRESS:** \_\_\_\_\_

**DATE (S) OF TRIP:** \_\_\_\_\_ **DATE OF SUBMITTAL:** \_\_\_\_\_

*\*If this is an overnight trip, attach itinerary, lodging information that includes address & phone number\**

**TRIP ORGANIZER/LEADER (S) NAME:** \_\_\_\_\_

**CELL PHONE # (S):** \_\_\_\_\_ **GRADE LEVEL(S):** \_\_\_\_\_

**EDUCATIONAL PURPOSE:** *(Include reference to curriculum and/or activities of school-sponsored organization)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# OF CHAPERONES:	NAME/SIGNATURE: (include self)	NEED SUB COVERAGE?		
		YES	NO	IF YES, PERIODS NEEDED
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**(IF USING PARENTS, ATTACH LIST OF PARENT/CHAPERONE REQUEST FORM FOR APPROVAL)**

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COST OF TRIP PER STUDENT: \_\_\_\_\_ TOTAL COST: \_\_\_\_\_

SOURCE OF FUNDING: \_\_\_\_\_ CLUB \_\_\_\_\_ COSER \_\_\_\_\_ SCHOOL \_\_\_\_\_ STUDENT \_\_\_\_\_ OTHER \_\_\_\_\_ FREE

SIGNATURE OF TRIP ORGANIZER: \_\_\_\_\_

DATE OF SUBMITTAL: \_\_\_\_\_

TRANSPORTATION:

METHOD OF TRANSPORTATION: \_\_\_\_\_ BUS REQUEST SUBMITTED?  YES  NO

STUDENT PICK-UP AT DEPARTURE: \_\_\_\_\_

FOR DEPARTURE AT: \_\_\_\_\_ AM/PM DATE \_\_\_\_\_

FOR RETURN AT: \_\_\_\_\_ AM/PM DATE \_\_\_\_\_

ESTIMATED NUMBER OF STUDENTS ATTENDING: \_\_\_\_\_ (MANDATORY roster of students tentatively attending must be attached for approval - with confirmed list of students attending distributed to offices on day of trip - permission & acknowledgement forms, medical authorization forms, if required)

ACCOMMODATIONS REQUESTED FOR STUDENTS WITH SPECIAL TRANSPORTATION AND/OR OTHER NEEDS: \_\_\_\_\_

FOOD SERVICE:

Have you given Food Service a 2 week notice?  YES  NO

Does this trip impact the school lunch daily count?

YES – How many? \_\_\_\_\_  NO

Do you need Food Service to prepare bagged lunches?

YES – Specify how many: \_\_\_\_\_  NO

Are specific food supplies needed?

YES – Specify what: \_\_\_\_\_  NO

<input type="checkbox"/> REQUIRES PRINCIPAL APPROVAL ONLY <input type="checkbox"/> REQUIRES SUPERINTENDENT & BOARD APPROVAL <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED      DATE: _____ PRINCIPAL'S SIGNATURE: _____
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APPROVED       NOT APPROVED      DATE: \_\_\_\_\_

SUPERINTENDENT'S SIGNATURE: \_\_\_\_\_

APPROVED       NOT APPROVED      DATE OF BOARD ACTION: \_\_\_\_\_

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Waterville Central School District

Approved by the Superintendent: 06/11/19\*, 12/17/25