

SCHOOL BUS FIELD TRIP AUTHORIZATION FORM

RSD Form 2320 F3A

All Fields Required to Process

This Form Must Be Submitted **30 Days Prior To the Trip**

Return completed form to school secretary assigned to process field trip requests

| |
|--------------------|
| Trip# |
| Bus _____ of _____ |

School _____ Group _____ Date of Request _____

Teacher Requesting Trip _____ e-mail _____@rsd.edu Date of Trip _____

Pick up Location _____ Bus Leave Time _____ Return to School Time * _____

***Return to School time is when the bus pulls into school parking lot to unload**

Allow 15 minutes prior to departure time to load and board the bus

Trips within 75 miles Plan Return to School Time No Later than 2:00

Destination _____

#Students _____ # Chaperones _____ Total # Passengers _____

Special Instructions (# of wheel chairs, # of harnesses, equipment or instrument storage needs)

Itinerary Must Be Attached For Request To Be Processed.

Student Services Stamp

ADMINISTRATION USE ONLY

Department Chairperson's Signature: _____ Date: _____

District Administrator's Signature: _____ Date: _____

Yes, Request is Approved No, Request is NOT Approved

TRANSPORTATION USE ONLY

Trip _____ Drop & Return _____ One Way _____ Overnight _____ Return Date _____

Pre-Trip _____ Leave Lot _____ Load Time _____ Leave Time _____ RTS/BTL Time _____

Pre-Trip _____ Leave Lot _____ Load Time _____ Leave Time _____ RTS/BTL Time _____

RETURN TRIP / OVERNIGHT RETURN DATE _____

Pre-Trip _____ Leave Lot _____ Load Time _____ Leave Time _____ RTS/BTL Time _____

DRIVER _____ BUS # _____ TRIP # _____

Total Trip Miles _____ Meal(s) \$ _____ Regular Hours _____ OT Hours _____

Transportation Stamp

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FIELD TRIP CHECK LIST

CURRICULUM INSTRUCTION: To indicate "YES" response, place a check mark in box

- This trip is aligned to current standards (CCSS) and provides a developmentally appropriate opportunity to extend learning outside the classroom. (Appropriate CCSS are attached for grades K-5).
- Students are prepared for this trip as well as for any follow-up activities that are planned.

RISK MANAGEMENT: To indicate "YES" response, place a check mark in box

The student/teacher ratio is as follows: _____ : _____

- The supervision is adequate considering the planned activity and surroundings.
- The itinerary for the trip is attached. **Required for ALL Field Trips.**
- For overnight lodging, all pertinent information is attached.
- The school nurse/health aide has been notified and provided with the date of trip, name of group, and destination.
- Parent permission slips will be completed and remain on file at school.
WA STATE Retention Guidelines require permission forms to remain on file for six years.

OTHER: To indicate "YES" response, place a check mark in the box

- Provision has been made for students unable to afford the cost of this trip.
- If fund raising will be/has been done, it will be/has been done in accordance with ASB & RSD rules and regulations.

BUDGET CODE INFORMATION

| | | | |
|--------------------|----------------|--------------------|----------------|
| _____ | _____ | _____ | _____ |
| <i>BUDGET CODE</i> | <i>% or \$</i> | <i>BUDGET CODE</i> | <i>% or \$</i> |
| _____ | _____ | _____ | _____ |
| <i>BUDGET CODE</i> | <i>% or \$</i> | <i>BUDGET CODE</i> | <i>% or \$</i> |
| _____ | _____ | _____ | _____ |
| <i>BUDGET CODE</i> | <i>% or \$</i> | <i>BUDGET CODE</i> | <i>% or \$</i> |

Budget Code(s) Must Be Included For Request To Be Processed.

Bookkeeper / Secretary Approval: _____

Principal's Signature _____ Date: _____