STANWOOD-CAMANO
SCHOOL DISTRICT

OVERNIGHT and/or EXTENDED FIELD TRIP APPLICATION
(To be completed by Teacher/Advisor)

School_____ Today's Date_____

Individuals/Group Involved_____ Number of Students_____

Activity_____

Destination_____

Departure Date_____ Return Date_____

Accommodations:_____

Source(s) of Revenue:_____

Description of Fundraising Activities_____

Estimated Individual Student Cost_____ Estimated Total Group Cost_____

How was this activity/trip available to any interested and/or eligible student(s) _____

How was this trip promoted to all interested/eligible students? _____

Will any student(s) be excluded from this trip due to the inability to pay? _____

Insurance (special coverages)_____

Purpose of Trip (include the educational value)_____

_____

_____

Has this trip been previously taken?_____ If yes, when? _____

List of chaperones and students MUST be attached to this form one week prior to travel.
(Chaperones must be of each gender if students of each gender are attending.)

1. Attach additional information as appropriate.
2. Contact Business Services with questions about insurance.
3. Parent permission and medical authorization forms go to the principal.
4. All district employees need to submit a travel request form.
5. Notify the school nurse.

_____ _____
Signature of Initiator Signature of School Administrator

For Administration Use Only:

Board approval needed. Will be submitted on _____
Approved

_____ _____
Superintendent or Designee Signature Date

NOTE: Copy to School Nurse