FIELD TRIP PLANNER

Today's Date: _____ Desitination: _____

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

Trip Date: _____ Departing Time: _____ Arrival Time: _____

Check All That Apply: ☐ Day Field Trip – Principal approval (Submit at least 15 school days in advance)

☐ Animals ☐ Remote locations/hiking ☐ Outdoor Education ☐ Air Travel ☐ Motorized Activities ☐ In or Around Water

☐ Students with Individualized Health Plans (must have properly trained chaperone attending

☐ **Overnight or Out of State Field Trip – Principal/Superintendent/Board approval at least 30 days in advance**

***Field trips are meant to enhance and reinforce the educational process. How is this trip related to your program?**

Objectives	Learning Outcomes

Itinerary Overview

Date/Time	Activity	Address

Transportation Request Completed?

Method of Transportation: _____

Request for transportation due to the Transportation Office at least 15 school days in advance (LINKED HERE)

Include school bus/suburban transportation cost in trip cost (mileage $3.24/mile + driver $37/hr + ferry/parking costs)

Food Service Notified?

Send notification to Lunch Room with numbers of students missing lunch and dates
(attach copy of email to shbrown@sw.wednet.edu)

Are sack lunches required? ☐

If so, how many? _____

Students

Behavior Expectations: _____

Allergies/Medical Needs: _____

Dress Code: _____

What To Bring: _____

☐ Packed Lunch ☐ Hat/Sunscreen

☐ Water Bottle ☐ Notebook & Pen

☐ Other:

Create a permission slip post on ParentSquare for digital permission slips (click here for help)

Chaperones

Number of Students: M ____ F ____ X_____

Student/Chaperone Ratio?

# of Chaperones needed: M ____ F ____ X_____

Chaperones Driving? Yes ☐ No ☐

Chaperones/Drivers need to complete volunteer driver paperwork at least 15 school days prior to trip date.

COSTS OF FIELD TRIP

Estimated Cost of Field Trip: _____

- Housing needed? Yes_____ No _____ (If yes, please attach details)
- Will fundraising be needed? Yes_____ No _____ (If yes, attach a fundraising plan)
- Is trip SWSF Funded? Yes_____ No _____ (If yes, attach grant award and budget)
- Fees per attendee by source:
  - Student Fundraiser $ _____
  - Parent/Chaperone $ _____
  - District/School $_____ Budget Code: _____
  - Other $_____
- What form of payment does vendor require? PO_____ Visa_____
- When is payment DUE to vendor? (Check one and ADD DATE if known)
  - In advance_____ Day of event _____ Upon receipt of invoice _____

(Submit payment terms, including where to make payment, with requisition request to your school secretary at least 15 school days prior to trip)

Substitute Required?

Will a substitute be required? Yes_____ No _____ Budget Code:

Frontline Absence Completed, Substitute Arranged: Yes_____ No _____

Reviewed field trip plan with principal on (date): _____

The following additional info is needed:

Preliminary administrative approval received:

Date Approved: _____ Principal's Signature: _____

If this is an overnight or out of state trip, you must get permission from the Superintendent and the Board (School Board Meeting Date_____):

Superintendent Approval: _____ Date: _____

School Board Approval: _____ Date: _____

TRANSPORTATION REQUEST

South Whidbey School District #206

Grades 6-12 - Submit form to Kymy Johnson (kyjohnson@sw.wednet.edu)

Grades ITK - 5 - Submit form to Deann Houck(dhouck@sw.wednet.edu)

Date of Trip: _____ School: _____

Destination: _____ Purpose of Trip: _____

BUS ARRIVE TIME AT SCHOOL: _____ FERRY: _____

GIVE ADEQUATE LOAD TIME FOR PASSENGERS AND EQUIPMENT

RETURN TIME -SCHOOL: _____ RETURN FERRY: _____

APPROXIMATE STANDBY TIME:_____ #OF PASSENGERS: _____

COMPLETE STANDBY TIME IF WEEKEND TRIP

☐ EQUIPMENT STORAGE ☐ LARGEST BUS AVAILABLE ☐ MULTIPLE STOPS/DESTINATIONS ☐ VAN TRIP (7 PAX OR LESS)

SPECIAL INSTRUCTIONS: _____

_____

Person in Charge: _____ Phone Number _____

Approved by (Principal) _____ Arranged By _____ Date _____

Transportation _____ Date Received _____

Trip Estimate: (mileage $3.24/mile + driver $37/hr + ferry/parking costs):

_____

To be completed by Transportation Supervisor:

Driver Assigned _____

BUS # _____ Sign On Time _____

A B C ASSIGNED

A BID B

TIME CARD

DRIVER _____

Sign On Time _____ Return Time _____

Total Drive Time _____ Standby Time _____

End Miles _____ ☐ CALLS MADE:

Start Miles _____ Cell Phone Number

Total Miles _____ _____

COMMENTS:

To be completed by Payroll Officer

Account Code _____

Extra Trip Driving Time _____

Non-Driving Tim _____

TOTAL TIME _____

CONDITION OF BUS

Before Trip After Trip

White – Transportation Yellow – Originator Pink - Driver