STANWOOD-CAMANO SCHOOL DISTRICT

LOCAL FIELD TRIPS and/or ACTIVITY DAY TRIPS (To be completed by Teacher/Advisor)

School _____ Today's Date _____

Trip Destination _____ Date of Trip _____

Purpose of Trip _____

Is this an approved activity per the activity matrix? YES ☐ NO ☐

Itinerary (can be attached) _____

Method of Travel:
☐ District Transportation (complete appropriate form)
☐ Private Vehicle(s) (complete appropriate form)
☐ Other _____

Source 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? _____

Number of Students _____ (*All students must have Parental Consent Form on file.)*

Will the ratio of Chaperones be met? YES ☐ NO ☐

List Names of Chaperones (1:10 ratio)	List of Students (or attach list)

_____ _____
Signature of Initiator Signature of School Administrator

NOTE: Copy to School Nurse