FIELD TRIP REQUEST FORM FOR STANDARD DAY TRIP

If space is not sufficient on this form, supporting information should be attached.

Day Trip: Leaving and returning to school on same day, no wilderness activities or areas visited (6.50.011 – AD Field Trips)	
SchoolT	rip required Optional Participating grade level (s)
Destination	
Departure date/time	Return time
Trip leader	Cell phone number
Activity planned	
Educational objectives	
Number of students making the trip Other teacher/staff names attending	Ratio of adults to students
that the principal approves each parent/volunteer. The unsupervised by District staff (this includes transportation in	ification" forms through Security Services. Principal's initials next to each name certify parent/volunteer without "Criminal History Verification" will not be with students private vehicles). al's initials Cell phone, if known
Name of person(s) qualified for First Aid/CPR:	
Accommodations necessary for students with special	needs (wheelchair, other assistive devices – see online guidance document)
Type of transportation	e Statement of Qualification" and attach copies of driver license and auto insurance showing lest TD-5" and send to Transportation Department.
Total cost per student	_Amount provided by school
Amount provided by student (no fee may be assessed	d if required trip)Amount provided by other sources
Any publicity planned	
Special clothing, supplies, equipment, or funds neede	ed
Additional safety measures or considerations	
Attach sample front page of district's "Day Trip" p	parent permission form with this trip's information filled in.
	approval signature ten (10) them days prior to the trip. This type of trip does not approved copy of this form must be kept at the school for one year.
Principal Signature	 Date