

REQUEST FOR FIELD TRIP

This form must be submitted to the building principal to request a field trip. The certificated staff member responsible for organizing the trip must review regulation 2320R and 2320F6 (Field Trip Requirements/Timelines) which detail other requirements for field trips.

Timelines for Requests:

- In-State, Not Overnight – 10 School Days Prior to Trip
- In-State Overnight – 30 School Days Prior to Trip
- Out of State – 30 School Days Prior to Trip
- International – 6 months Prior to Trip and Prior to any Fundraising or Commitments

Date of Application: _____ Date(s) of Trip: _____

School: _____ Number of Students: _____

Destination: _____

Certificated Staff Member Responsible for Trip: _____

Departure Date: _____ Time: _____ Location: _____

Return Date: _____ Time: _____ Overnight Trip: Yes No

Type of Event: _____ Group Participating: _____
(parade, contest, performance, play-offs, etc.) (orchestra, debate team, sports team, etc.)

Chaperones: A minimum of one teacher and an additional minimum of 1 adult chaperone to every 10 students is required. All chaperones must be approved volunteers within the district. Include copies of signed Guidelines for Volunteer Field Trip Chaperones (2320F7). **Overnight chaperones must be approved by HR.**

Number of Teachers: _____ List all Teachers: _____

Number of District Approved Parent/Volunteer Chaperones: _____ List all Chaperones: _____

Purpose of Trip (Standards/Learning Targets):

Itinerary (Attach as Necessary):

A letter of rationale is required for out-of-state and international field trips and must be attached to this request.
For overnight trips include the following: Detailed communication plan for supervising staff and chaperones, supervision schedule, hotel room assignments, and safety plan procedures. Final approval of chaperones required by Human Resources.

All Cost Estimates Must be Included:

HOUSING: _____ Cost: \$ _____
 (Type: motel, hotel, dorm, private home, etc.)

FOOD: _____ Cost: \$ _____
 (Meals paid by district / school)

OTHER EXPENSES: _____ Cost: \$ _____
 (Sightseeing, entrance fees, extra insurance coverage, etc.)

CIRCLE ONE: District Transportation Commercial Bus Private Transportation

TRANSPORTATION ESTIMATE: (See Transportation Department Website for Information) Cost: \$ _____

** Washington State Department of Transportation Ferries Division (WSF) requires a 72 hour advance notice to ride the ferry. School office personnel will notify the PSD transportation department who will then complete the WSF notice.*

TOTAL ESTIMATED EXPENSES OF TRIP: _____ Cost: \$ _____

Source of Funds: If a substitute is being paid by district funds or any other costs for the field trip are being reimbursed/paid by district or ASB funds, a prior approval must be attached to this application. If costs for parents or volunteers to participate in the field trip are being paid by district or ASB funds, a prior approval form is required and must be attached to this application.

Building Budget Account Code: _____ Costs: \$ _____

ASB Account Code: _____ Costs: \$ _____

Student Expenses (To Be Paid by Individual Students): _____ Per Student Cost: \$ _____

Field Trip Forms Completed: (Please Circle)

Form 2320F2	Request for Field Trip	Yes	N/A
Form 2320F3	Field Trip Permission to Participate	Yes	N/A
Form 2320F4	Volunteer Authorization to Transport Students:	Yes	N/A
Form 2320F5	Staff Request for Authorization to Transport Students:	Yes	N/A
Form 2320F7	Guidelines for Volunteer Field Trip Chaperones	Yes	N/A
Form 2320F8	Field Trip Checklist	Yes	N/A

Approvals:

ASB Treasurer (If ASB Funds Are Used): _____ Date: _____

Principal: _____ Date: _____

Program Director (If Budget Approval Required): _____ Date: _____

Chief Academic Officer (Overnight, Out of State, International): _____ Date: _____

Superintendent (Overnight, Out of State, International): _____ Date: _____

School Board (Out of State, International): _____ Date: _____

School Nurse: _____ Date: _____