BASHA HIGH SCHOOL

Field Trip OVER 60 MILES/OVERNIGHT Checklist 23-24

**Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fieldtrip to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) of fieldtrip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher’s checklist : *ALL* of these items must be included in this packet. Incomplete packets will be returned.**

* **Professional Leave Request – 1 for every employee attending**
* **Field Trip Transportation Request**
* **Extended Fieldtrip Outline** (electronic version only)
* **Routing Form – MUST have an account balance print out and a bookstore manager signature.** If using student activities funds, you must attach minutes authorizing use.
* **Sample Itinerary**
* **Charter request and Sunday form if needed**
* **Student Roster and list of Chaperones –** Tentative with paperwork. Final student roster must be sent to the attendance office at least 24 hours prior to the field trip.
* **Event Documentation –** Brochure or print-out of details with pricing.

**Please remember**

* **Purchase Requisitions –** responsibility of teacher. Work with bookstore.
* **Fee Proposal Form –** if collecting money for a field trip. Work with bookstore.
* **Event Registration –** responsibility of teacher to submit and confirm registration
* **Report your absence as a field trip**
* **Permission Slips** – to be kept with you

**Office Use**

**\_\_\_\_\_ *ALL* Professional leaves attached (# of adults/CTE?) \_\_\_\_\_ # of Chaperones \_\_\_\_staff \_\_\_\_ non-staff**

**\_\_\_\_\_ Transportation Request \_\_\_\_\_ Charter Request \_\_\_\_\_ Extended Fieldtrip Outline**

**\_\_\_\_\_ Sample Itinerary \_\_\_\_\_ Roster and Chaperones \_\_\_\_\_ Sunday Form**

**\_\_\_\_\_ Routing Form w/ acct balance \_\_\_\_\_ Tax Credit, Aux, Student Activities, M&O \_\_\_\_\_ Student Activities Minutes attached**

**Sent to District Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date approved by DO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leave given to Tammy/Bookstore \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date entered in Triptracker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trip # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Triptracker approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forwarded \_\_\_\_\_\_\_ Put on Calendar \_\_\_\_\_\_\_\_\_\_**

**Charter/Rental entered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Quote Forwarded \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BASHA HIGH SCHOOL 2023-2024 TRANSPORTATION REQUEST**

**Teacher/Sponsor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Trip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class or Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Account transportation costs will be paid with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are funds being collected from students? Yes No If yes, how much per student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\*\*All monies must be collected by the BOOKSTORE only! \*\*\*

**Transportation needed:**

\_\_\_\_\_\_\_\_ Activity Bus (14 passengers) New (#237) \_\_\_\_\_\_\_\_ White (#188) \_\_\_\_\_\_\_\_ Gold (older) \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ Van (9 passengers)

\_\_\_\_\_\_\_\_\_ School Bus (56 passengers)

\_\_\_\_\_\_\_\_\_ Charter bus (55 passengers) \*attach charter request form\*

\_\_\_\_\_\_\_\_\_ Rental car or minivan \*need driver names and cell phone#s\* \*pick up \_\_\_\_\_\_\_\_\_\_ return \_\_\_\_\_\_\_\_\_\_\*

\_\_\_\_\_\_\_\_\_ Science is Fun truck

**Field Trip Information:** Please attach documentation for event (a flyer or email correspondence)

**1st Destination** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd Destination** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Departure time from BHS \_\_\_\_\_\_\_\_\_\_\_\_ Arrival time/event starts \_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of Adults \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Leave time from event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Return time to BHS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of Students \_\_\_\_\_\_\_\_\_\_\_**

**Pick up and Drop off location:** \_\_\_\_\_\_\_ at tennis courts \_\_\_\_\_\_\_ in loop off Riggs or other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*All transportation requests must be submitted to Sherri Torres/Eric Magana at least 15 school days before the date transportation is needed. Field trips must be between the hours of **9:30am and 1:30pm** if you are using a school bus. Return time back at school is the time you must be unloaded at BHS. Please do not contact transportation directly; all contact must be made through me (x2128). If you need to cancel your field trip for any reason, let me know as soon as possible. Failure to cancel transportation requests will result in fees deducted from the account you are using\*\*\*

**Special Instructions** (such as cargo storage or wheelchair capabilities or requests to stop for any reason):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Assistant Principal Signature of Approval Date

\*\*\*\*\***BASHA** **HIGH SCHOOL**\*\*\*\*\*

**Field Trip/Transportation/Professional Leave Routing Form**

**Teacher Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_

***This routing form must accompany your Field Trip/Transportation/Professional Leave packet.***

**Route Form for Teachers**

**Signature required below for funding approval:**

**Funding for Trip:**

**IF USING: (check box below that applies)**

**Tax Credit (526)  Auxiliary (525)  Student** **Activity** **(850) (attached minutes required):**

See Bookstore Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bookstore Manager Signature

**If using:**  **M&O  Gift Fund**

See School Administrative Assistant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Admin Signature

If using **Athletic Funds:**

See Athletic Administrative Assistant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Admin Signature

**\*\*Printout of account balance must be attached as proof of available funding\*\***

Designated Site Principal to complete below:

Professional Leave approved  Field Trip Approved  Transportation Approved

Date sent to District Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Approved/Rec’d back from District Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scanned to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Scanned to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**All Forms completed, approved By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assistant Principal Signature**

**Submit packet to Field Trip/Transportation Coordinator when all forms have been completed and approval signatures have been obtained.**

**1DATE\_\_\_\_\_\_\_\_\_\_\_\_\_ \*\*IN STATE ONLY\*\***

CHANDLER UNIFIED SCHOOL DISTRICT **IN STATE** PROFESSIONAL LEAVE REQUEST

**(SUBMIT AT LEAST 10 DAYS PRIOR TO ABSENCE)**

**INCOMPLETE FORMS WILL BE RETURNED**

**2**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **3**SCHOOL/DEPT/GRADE \_\_\_\_\_\_\_\_\_\_\_

**4**CONTACT EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CONTACT PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5**EMPLOYEE CLASSIFICATION: CERTIFIED  SUPPORT  ADMINISTRATOR

**6**DATES OF LEAVE (include travel days) \_\_\_\_\_\_\_\_

**7**IS A SUB NEEDED?  YES  NO **8**HOW MANY DAYS IS A SUB NEEDED? \_\_\_\_\_\_

**9**MODE OF TRANSPORTATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(i.e. school bus/school van/personal vehicle/air)

**10**PURPOSE OF LEAVE **(MUST WRITE BRIEF EXPLANATION AND ATTACH DOCUMENTATION)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11**WILL YOU BE PAID BY ANOTHER ENTITY FOR SERVICES PERFORMED DURING LEAVE?

Yes No If yes, how much \_\_\_\_\_\_\_\_ By whom? \_\_\_\_\_\_\_\_\_\_\_\_ Other info\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **12**I request district/school funds to finance this trip?  No  Yes (Complete information below)  **13**Account code for registration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account code for all other expenses\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Will submit expenses  ESTIMATED COST OF LEAVE upon return | | | |
| **14**Tuition/Registration | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **15**IFAS Requisition #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  for registration | **16** |
| **17**Housing  (# days \_\_\_\_ x $\_\_\_\_\_\_ (room rate) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **18**IFAS Requisition #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  for hotel | **19** |
| **20**Mileage | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (Mileage and food are estimates; | **21** |
| **22**Food | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | reimbursement will generally not | **23** |
| **24**TOTAL COST | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | exceed maximum allowed) |  |

**25**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **26**APPLICANT’S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatures Date Signed Approved Not Approved

**27**FUNDING SOURCE SUPR.

**28**PRINCIPAL/

APPROVAL OF FUNDS

**Principal’s signature signifies that the school budget will be charged if appropriate funds are not available in the traveling group’s account.**

ASST. SUPT.

SUPERINTENDENT



Basha High School Field Trip Permission Form

Dear Parent:

Your Basha High School student would like to participate in a Field Trip as listed below. Please sign, indicating your permission, and return this form to the sponsor prior to the Field Trip. Students will be responsible for any assignments missed.

Sponsor/Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Field Trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event and Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leave School at: \_\_\_\_\_\_\_\_\_\_\_\_\_ Return to School at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has my permission to attend the field Trip.

PLEASE PRINT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT SIGNATURE DATE EMERGENCY PHONE ADDRESS

**Please Note: Parents will be responsible for arranging transportation to and from Basha High School. Return times are approximate (traffic delays and prolonged competition schedules can affect this.)**



Basha High School Field Trip Permission Form

Dear Parent:

Your Basha High School student would like to participate in a Field Trip as listed below. Please sign, indicating your permission, and return this form to the sponsor prior to the Field Trip. Students will be responsible for any assignments missed.

Sponsor/Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Field Trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event and Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leave School at: \_\_\_\_\_\_\_\_\_\_\_\_\_ Return to School at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has my permission to attend the field Trip.

PLEASE PRINT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT SIGNATURE DATE EMERGENCY PHONE ADDRESS

**Please Note: Parents will be responsible for arranging transportation to and from Basha High School. Return times are approximate (traffic delays and prolonged competition schedules can affect this.)**

**CHANDLER UNIFIED SCHOOL DISTRICT**

**SUNDAY FIELD TRIP PLANNING REQUEST\***

* **This trip involves students participating or traveling on Sunday**

**Board Policy #JJA STUDENT ORGANIZATIONS**

**The Superintendent may approve the establishment of student organizations appropriate to grade levels within the District. School activities and/or field trips may be held on Sundays only if they have been approved by the Superintendent. Parent permission is required, and students shall not be penalized for non-participation.**

Teacher's name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ Today's Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Place or Destination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date(s) of Activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Time leaving school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time arriving back at school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Cost of activity (approx.) exclusive of transportation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Cost assumed by:  Department  Club
6. Provisions for students in financial need \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Balance in Activity/Department Budget \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Transportation costs assumed by (check all that apply)  Department  Club
9. Transportation requisition submitted to Transportation Dept.  Yes  Not Applicable
10. Organization/Club Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Purpose of Activity/Educational Objective/Rationale for Sunday Participation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Number of Students \_\_\_\_\_\_\_\_\_\_ Number of Sponsors/Parents \_\_\_\_\_\_\_\_\_\_\_ Teacher Sponsors\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Names of Sponsors \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair Date Assistant Principal /Principal Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assistant Superintendent Date Superintendent Date

\* All Extended Field Trip documentation (including the Extended Field Trip Outline) must be attached to this form.

Rev. 8/11