Sequoia Union High School District

FIELD TRIP REQUEST FORM

(To be completed and approved at least ten days in advance of trip)

To Be Completed By
Date

School _____ Date of Request _____

Teacher/Advisor _____ Department _____

Course _____ Date of Trip _____ No. of Students _____

Location of Trip _____ Phone Number _____

Transportation: **n** District Bus
n Parent Driver
n Other

Leave: _____ a.m. / p.m.

Return: _____ a.m. / p.m.

Mileage *(round trip)* _____ Note: Students must use authorized transportation to and from activity.

Is the destination of this trip out of San Mateo County? **n** Yes **n** No

If the trip is out of the United States, have the legal requirements been met? **n** Yes **n** No

Is the trip overnight? **n** Yes **n** No If yes, the Principal and district approval is required.

IF "YES" TO ANY OF THE ABOVE, AN OVERNIGHT/OUT OF COUNTY/COUNTRY FORM MUST BE COMPLETED.

Is there a donation requested from students? **n** Yes **n** No

If yes, this trip must be optional. List other options available to students who do not go on the trip:

a.) _____

b.) _____

Please complete the following:

1. Briefly describe the activity planned. _____

2. How is this experience directly related to the objectives for the course? _____

3. What follow-up to the trip have you planned? _____

4. Have you arranged for a substitute? **n** Yes **n** Sub not necessary *(explain)* _____

5. Chaperones: 1. _____ 3. _____
   2. _____ 4. _____

_____ *Teacher's Signature* *Date*

_____ *Funding Source & Signature* *Date*

_____ *Approval of Department Chair* *Date*

_____ *Approval of Admin. V.P. (Calendar Clearance)* *Date*

_____ *Approval of Vice Principal* *Date*

_____ *Approval of Principal* *Date*

_____ *Approval of Assist. Supt., Ed. Services* *Date*

_____ *Approval of Board* *Date*