

CTE Coordinator: _____
CTE Director: _____

Dr. Alejandro Elias _____

FIELD TRIP REQUEST

SCHOOL _____

DATE _____

GROUP MAKING REQUEST _____

TRIP DESTINATION _____

DATE OF TRIP _____

Trip Tracker ID No.

TIME OF DEPARTURE _____

RETURN _____

PURPOSE OF TRIP _____

VEHICLE NEEDED(TYPE) _____

DRIVER YES

NO

*If driver is one of the sponsors, that driver must have prior approval by the Transportation Department to drive a school vehicle

NUMBER IN GROUP: BOYS _____

GIRLS _____

SPONSORS _____

NAME(S) OF SPONSORS: _____

Sponsor Contact for Bus:
Name: _____
Cell # _____

IS THIS AN OVERNIGHT TRIP? YES

NO

HOTEL ACCOMMODATIONS: _____

PHONE: _____

Please complete the following on all overnight trips:

ANTICIPATED EXPENSES

Meals/lodging/other \$ _____

EXPENSES WILL BE PAID BY

District Budget Funds \$ _____

Activity Account Funds \$ _____

(Note: if to be paid from both funds indicate amount to be charged to each fund)

Comments: _____

OVERNIGHT TRIP GUIDELINES:

Account Number to be Used

1. Trip request must be in a minimum of 15 days in advance if School Board approval is necessary.
2. If boys and girls are involved, a male and female sponsor must accompany the group.
3. The trip must be approved by the Principal, Superintendent and School Board if out-of-state or out-of-country.

APPROVAL:

Principal

Date

Executive Officer for Elementary/Secondary/Academics/College Readiness

Date

Chief Academic Officer

Date

Superintendent (For Out-of-State or Out-of-County Overnight Trips)

Date

School Board (For Out-of-State or Out-of-County Overnight Trips)

Date

FIELD TRIP LIST

DATE: _____ LEAVING: _____ RETURNING: _____

SPONSOR: _____ PLACE: _____

PRINCIPAL: _____

STUDENT NAME	ID NUMBER	STUDENT NAME	ID NUMBER
1.		25.	
2.		26.	
3.		27.	
4.		28.	
5.		29.	
6.		30.	
7.		31.	
8.		32.	
9.		33.	
10.		34.	
11.		35.	
12.		36.	
13.		37.	
14.		38.	
15.		39.	
16.			
17.			
18.			
19.		SPONSOR	
20.		1..	
21.		2.	
22.		3.	
23.		4.	
24.		5.	