

(ALL REQUEST MUST BE SUBMITTED AT LEAST 2-3 WEEKS PRIOR TO TRIP)

Attach "Field Trip Plan" and "Field Trip Standards Gap Plan"

Request for Study Trip Sports Event Other

SECTION 1

Destination: _____ Teacher(s): _____
 School: _____ Date of Trip: _____ Grade: _____
 Destination Address: _____
(Street) (City)
 Departure Time from School: _____ Arrival Time at Destination: _____
 Departure Time from Destination: _____ Arrival Time at School: _____

SECTION 2

of Students: _____ # of Adults: _____ Distance to be Traveled (One Way): _____ (miles)
 Overnight Water Activity (BP 6153)
 All out of state and/or overnight trips may require Board approval. Such trips must be submitted **no less than 60 days** in advance of the departure date.
 Lunches Required from Food Services? Yes No; If "yes," amount needed: _____
 Food Allergies: Yes No If "yes," what type? _____

SECTION 3

Health Information:

Handicapped Services Needed? Yes No; If "yes," type: _____
 Medication(s) at school? Yes No; If "yes," type/time administered? _____
 Special Needs Required? Yes No; If "yes," please indicate: _____
 Diabetes: Yes No Seizures: Yes No Asthma: Yes No
 Other: _____
 Qualified & Trained Staff (name) who will be attending student's with health problems? _____
 Other, please list: _____

SECTION 4

Transportation: # of Buses: _____ (if needed)

Transportation Services Charter Walking *Private Vehicles
(Private Vehicle Form) (BP 6153)

* If "Private Vehicles," # of Vehicles: _____
(List Driver Name)

Payment for "Transportation Services" or "Charter" (DO NOT PAY ESTIMATED COST. YOU WILL BE BILLED FOR THE ACTUAL COST)

School Funding: _____

Other (PTO, Outside Agency, Etc.): _____

Notification to Transportation Services

Reservation/Notification Date: _____ HSD Transportation Coordinator Initials: _____

Estimated Cost (To be completed by HSD Transportation Department)

Estimated Total Miles: _____ (miles) X \$ _____ = \$ _____
 Administrative Fee: _____ X \$ _____ = \$ _____
 Estimated Time: _____ X \$ _____ = \$ _____ Estimated Total Cost: \$ _____

Actual Cost (To be completed by HSD Transportation Department once HSD is invoiced)

Total Miles Cost: _____ (miles) X \$ _____ = \$ _____
 Administrative Fee: _____ X \$ _____ = \$ _____
 Estimated Time: _____ X \$ _____ = \$ _____ Actual Total Cost: \$ _____

SECTION 5

Teacher Signature: _____ Sch. Administrative Signature: _____ DO Approval: _____
 Date: _____ Date: _____ Date: _____