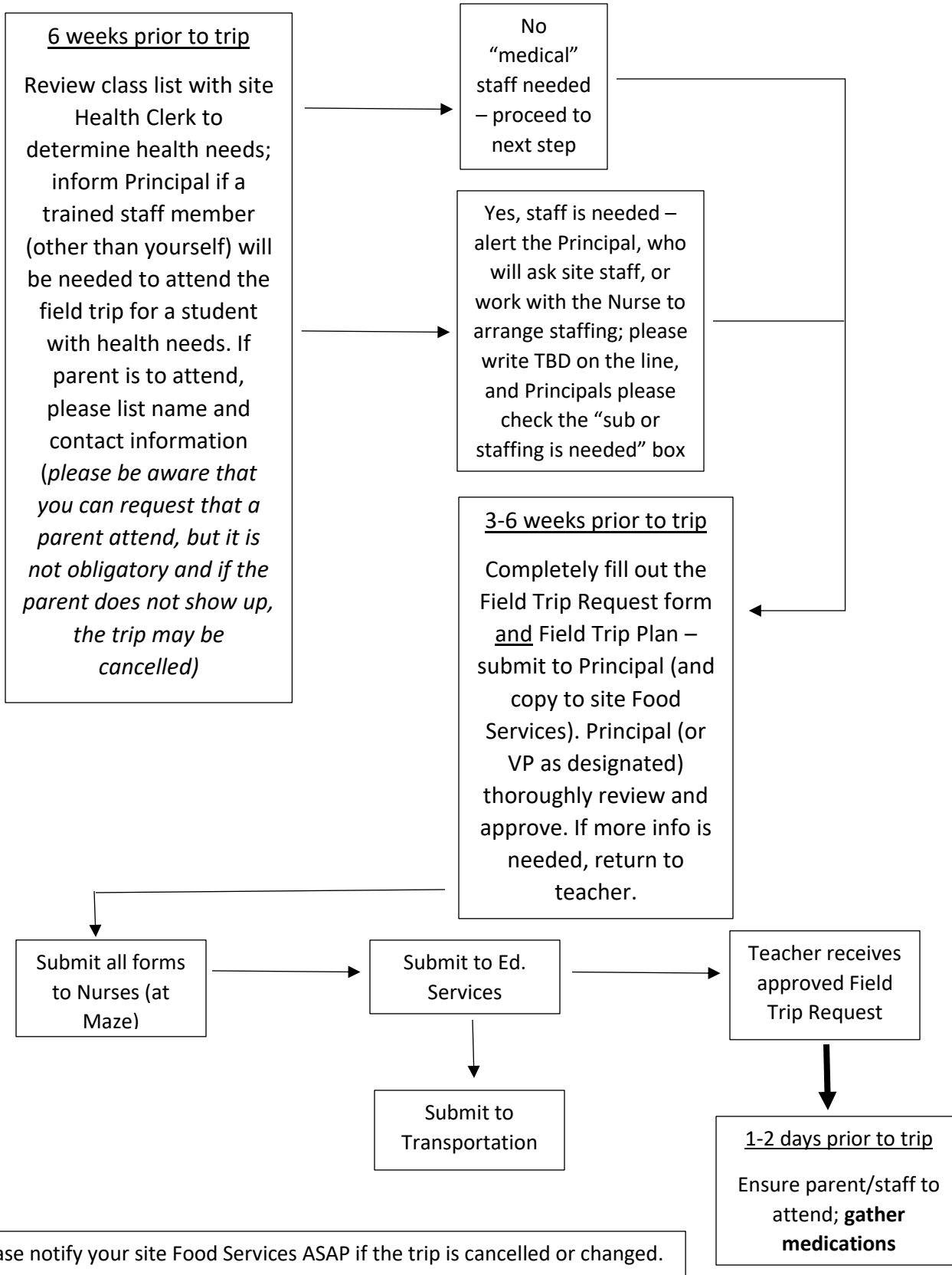


Field Trip Requests

No Field Trips for grades 3 – 8: April 23 – May 25, 2018

Grades K – 2 please avoid Benchmark Testing weeks.



Request for [] Study Trip [] Sports Event

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 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? _____
Other Special Needs? [] Yes [] No; If "yes," please indicate: _____
Diabetes: [] Yes [] No Seizures: [] Yes [] No Asthma: [] Yes [] No
Trained Staff (name) or parent (name) who will be attending students with health issues? _____
Parent phone number _____
Principals, please check here if you need a sub for a trained staff member, or assistance finding a person. []
Principal's initials
Nurse's initials

SECTION 4
Transportation:
[] Transportation Services [] Charter [] Walking [] Private Vehicles
Private Vehicle Form (BP 6153)
Number of busses _____ (if needed)
If "Private Vehicles," # of Vehicles: _____
(List Driver Names)
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)
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 _____