

**OLYMPIA SCHOOL DISTRICT
FIELD TRIP REQUEST**

<input type="checkbox"/> CHECK IF OVERNIGHT
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SCHOOL		DEPARTMENT/GRADE		REQUESTED BY		
DESTINATION						
DEPARTURE DAY/DATE		TIME	RETURN DAY/DATE		TIME	
PURPOSE OF TRIP (LEARNING OBJECTIVES)						
ITINERARY OVERVIEW (ATTACH DETAILS)						
TYPE OF EVENT (PARADE, CONTEST, RETREAT, MEET, CONFERENCE, ETC.)						
PERSON(S) IN CHARGE				GROUP (DEBATE, BAND, ETC.)		
# STUDENTS M: F:	ADULTS ACCOMPANYING (LIST NAMES) REQUIRED: ONE PER 10 STUDENTS DAY TRIP / ONE PER 6 STUDENTS OVERNIGHT					CELL PHONE CONTACT
# TEACHER CHAPERONES M: F:						PHONE @ DESTINATION
# PARENT CHAPERONES M: F:						ADD'L CONTACT PHONE
COST OF TRIP						
TRANSPORTATION	SCHOOL BUS	CHARTER BUS	FERRY	PRIVATE VEHICLE	OTHER	\$
HOUSING	MOTEL	HOTEL	DORM	PRIVATE HOME	OTHER	\$
FOOD	INDIVIDUAL MEALS		GROUP MEALS		OTHER	\$
OTHER COSTS	SPECIFY:					\$
					TOTAL COST OF TRIP	\$
SOURCE OF FUNDS						
BUILDING BUDGET ACCOUNT #			\$	INDIVIDUAL STUDENT		\$
STUDENT BODY ACCOUNT #			\$	OTHER (SPECIFY)		\$
					TOTAL SOURCE OF FUNDS	\$
PRE-TRIP REQUIREMENTS						
I WILL GIVE THREE (3) DAYS' WRITTEN NOTICE TO STAFF PRIOR TO TRIP.						
I WILL ACQUIRE A PERMISSION SLIP FOR EACH STUDENT: LEAVE ONE COPY W/OFFICE; RETAIN ORIGINAL FOR TRIP.						
I HAVE HAD MY CURRENT CLASS LIST REVIEWED FOR HEALTH CONCERNS AND HAVE ANY NEEDED EMERGENCY ACTION PLANS.						
I HAVE BEEN TRAINED BY THE SCHOOL NURSE TO ADMINISTER MEDICATIONS.						
I HAVE A FIRST AID KIT FOR EVERY VEHICLE.						
SCHOOL NURSE IS AWARE OF TRIP AND WILL REVIEW STUDENT LIST FOR HEALTH CONCERNS & MEDICATIONS PRIOR TO DEPARTURE.						
APPROVALS (REQUIRED— 2 WEEKS IN ADVANCE OF TRIP FOR DAY TRIP / 4 WEEKS IN ADVANCE FOR OVERNIGHT)						
PRINCIPAL		DATE		SCHOOL NURSE		DATE
ASSISTANT SUPERINTENDENT & SUPERINTENDENT APPROVALS REQUIRED FOR OVERNIGHTS AND/OR HIGH RISK TRIPS OR ACTIVITIES						
ASSISTANT SUPERINTENDENT		DATE		SUPERINTENDENT		DATE
DATE OF BOARD APPROVAL (REQUIRED FOR OVERNIGHT)						