

**“OVERNIGHT TRIPS AND TRIPS INVOLVING AIR TRAVEL MUST BE RECEIVED BY THE DISTRICT OFFICE AT
LEAST FOUR WEEKS PRIOR TO REQUESTED DATE”**

**EAST SIDE UNION HIGH SCHOOL DISTRICT
STUDENT ACTIVITY FIELD TRIP REQUEST FORM
FOLLOW INSTRUCTIONS ON BACK OF THIS FORM**

Today's Date: _____ School: _____ Group: _____

Student Preparation: _____

Destination of Trip: _____

(special instructions, funds, clothing, special equipment or training, release form, etc.)

Date Leaving: _____ Time: _____ Date Returning: _____ Time: _____

Potential Hazards & Appropriate Contingency (if necessary): _____

Purpose of Trip: _____
(ie., college visit, educational trip, student conferences, field study)

Number of Students Attending: _____ Number of Supervisors: _____

How expenses (if any) will be raised: _____

Name of Supervisors: _____

Cost to Pupils: _____ How Paid: _____

Transportation Needs: _____
(ie., chartered bus, personal private vehicle, public transportation, school bus, air travel, etc.)

Provisions for students who cannot afford to come up with funds on their own (if applicable) _____

Insurance Needs: _____

PLEASE CALL TRANSPORTATION TO RESERVE DISTRICT BUS(ES). ATTACH BUS REQUEST IF DISTRICT IS PROVIDING TRANSPORTATION.

Charge Account Number: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

Number of Subs Required: _____ Period(s) _____ / _____ / _____ / _____ / _____ / _____ / _____

Charge Account Number: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

Relevance of this field trip to current unit of study/program goals: _____

LESSON OBJECTIVES OF TRIP

ACTIVITIES

MEASUREMENT OF LESSON OBJECTIVES

School Approvals: _____
Signature (Teacher Initiating Request)

Teacher Extension # _____

*Principal/Site Administrator _____

District Approval: _____
Superintendent/District Designee

* My signature assures that every student going on this field trip has completed and returned a *Field Trip Authorization & Release form*.