

# Field Trip Requests

## ***No Field Trips for grades 3 – 8: Date(s)***

### ***Grades K – 2 please avoid Benchmark Testing weeks.***

<u>6 weeks prior to trip</u>	staff needed – proceed to next step	
Review class list with site Health Clerk to determine health needs; inform Principal if a trained staff member (other than yourself) will be needed to attend the field trip for a student with health needs. If parent is to attend, please list name and contact information ( <i>please be aware that you can request that a parent attend, but it is not obligatory and if the parent does not show up, the trip may be cancelled</i> )	Yes, staff is needed – alert the Principal, who will ask site staff, or work with the Nurse to arrange staffing; please write TBD on the line, and Principals please check the “sub or staffing is needed” box	
	<u>3-6 weeks prior to trip</u>	
	Completely fill out the Field Trip Request form and Field Trip Plan – submit to Principal (and copy to site Food Services). Principal (or VP as designated) thoroughly review and approve. If more info is needed, return to teacher.	
Submit all forms to Nurses (at Maze) No “medical”	Submit to Ed. Services	Teacher receives approved Field Trip Request
	Submit to	

Transportation 1-2 days prior to trip

Ensure parent/staff to attend; **gather**

#### **medications**

Please notify your site Food Services ASAP if the trip is cancelled or changed.

Field Trip Request **HOLLISTER SCHOOL DISTRICT** Trip #: (ALL REQUESTS MUST BE SUBMITTED

AT LEAST 3 WEEKS PRIOR TO TRIP)

Attach "Field Trip Plan"

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:

# of Students: # of Adults: Distance to be traveled (One Way): (miles) Overnight Water Activity (BP 6153) SECTION 2

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?

Health Information:

SECTION 3

Handicapped Services Needed?

Yes

No; If "yes," type:

Principal's initials

Medication(s) at school?

Yes

No; If "yes," type/time administered?

No; If "yes," please indicate:

Other Special Needs?

Yes

Nurse's

Diabetes: Yes No Seizures: Yes No Asthma: Yes No

initials

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.

**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 \$ = \$  
X \$ = \$

Administrative Fee:

X \$ = \$ Estimated Total Cost: \$

Estimated Time:

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

Miles Cost:  
(miles) X \$ = \$  
X \$ = \$

Administrative Fee:

X \$ = \$ Actual Total Cost: \$

Estimated Time:

Teacher Signature: Sch. Administrative Signature: DO Approval: SECTION 5 Date: Date: Date: