

## OVERNIGHT AND/OR OUT-OF-STATE SCHOOL FIELD TRIP CHECKLIST

- 1. Information on Field Trip
  - a. Teacher/Advisor in Charge: \_\_\_\_\_
  - b. Dates and Times: \_\_\_\_\_
  - c. Destination: \_\_\_\_\_
  - d. Purpose of the Field Trip: \_\_\_\_\_

- 2. Funding for the Field Trip
  - a. Secure. Budget Code: \_\_\_\_\_
  - b. NOT Secure. Fund Raising Plan Approval:
    - i. ASB Approval: \_\_\_\_\_
    - ii. Principal Approval: \_\_\_\_\_
    - iii. Executive Director of Finance Approval: \_\_\_\_\_

- 3. Arrangements
  - a. Student Participant List
  - b. Nurses Approval
  - c. Approved Chaperone List
  - d. Transportation Plan
  - e. Itinerary including meals
  - f. Sleeping Arrangements Plan and Bed Check Time(s)

- 4. Permission
  - a. Student Information Meeting Date: \_\_\_\_\_
  - b. Student Agreement signature forms: \_\_\_\_\_
  - c. Parent Permission Consent for Students to participate: \_\_\_\_\_
  - d. Chaperone Training Completion Date: \_\_\_\_\_

- 5. Emergency Procedures
  - a. Medical Emergency Cards
  - b. Emergency Communication List and Plan

- 6. Signatures for Approval
 

Trip Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

## REQUEST FOR SCHOOL BOARD APPROVAL FOR OUT-OF-STATE AND/OR OVERNIGHT FIELD TRIP

*Please complete this form at least **four weeks** in advance of trip and no less than three weeks prior to School Board meeting. All necessary arrangements must be approved by principal or designee.*

Person in Charge of Trip: \_\_\_\_\_ Today's Date: \_\_\_\_\_

School \_\_\_\_\_ Group/Class: \_\_\_\_\_ Grade(s): \_\_\_\_\_

Number of Students: \_\_\_\_\_ No. of Chaperones: Staff \_\_\_\_\_ Parents \_\_\_\_\_ Volunteers \_\_\_\_\_

*(All volunteers must have a WA State Patrol check and completed Criminal History Disclosure form on file prior to any unsupervised contact with students.)*

Purpose of Trip: \_\_\_\_\_

Destination: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Trip: Departure \_\_\_\_\_ Return \_\_\_\_\_

Time of Trip: Departure \_\_\_\_\_ Return \_\_\_\_\_

Will any staff member:

\_\_\_ Yes \_\_\_ No Receive any form of pay or remuneration for any trip-related expenses? If "Yes" please describe in detail who will receive pay or remuneration and its source.

\_\_\_ Yes \_\_\_ No Miss days of work? If "Yes" provide information about the number of days and the plan for accounting for them.

**Estimated Cost Breakdown:**

**Funding Source/Budget Code:**

Registration/Fee	\$ _____	_____
Substitutes	\$ _____	_____
Transportation	\$ _____	_____
Lodging	\$ _____	_____
Meals	\$ _____	_____
Miscellaneous	\$ _____	_____
Total Trip Cost	\$ _____	_____

**Total Cost to District:** \$ \_\_\_\_\_

\_\_\_\_\_ **Signature** of Accountable Administrator **Date**

**ASB Funded:** Yes \_\_\_ No \_\_\_ **ASB Signature/Approval** (if applicable) \_\_\_\_\_

**Date**

**Total Cost Student Pays to Attend:** \$ \_\_\_\_\_ Describe monetary assistance in place for students and families in need: (specific description of how this assistance is communicated, accessed and funded)

\_\_\_\_\_  
\_\_\_\_\_

**Please attach to this form:**

**1) Itinerary, 2) Event Information, 3) Completed Checklist from Page 1.**

(Itinerary should include: departure time and place; major events and/or planned stops; mode of transportation; accommodations; return time and place).

**Signature/Approval Building Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_