FIELD TRIP APPLICATION

Building Location: _____

Travel Date: _____

Grade /Class: _____

Trip Lead_____

Number of Students: _____ **Number of Chaperones:** _____

Trip Lead cel #: _____

(*10:1 Students/Staff ratio is required as chaperones. Chaperones must have cleared the volunteer process before attending.*)

Field Trips are defined as travel away from school premises, under the supervision of a teacher with an approved course of study, for the purpose of affording students a direct learning experience not available in the classroom. *ASD Policy No. 2320P*

Field trips are single day trips that consist of full classes of students or entire grades.
All other trips should be requested using the Prior Release Travel Request form.

Trip/Event Name: _____

Destination: _____

Address: _____

City:_____

Arrival time to destination: _____

Return time to school: _____

PURPOSE AND OBJECTIVES FOR FIELD TRIP AS RELATED TO THE INSTRUCTIONAL PROGRAM:

STAFF CHAPERONES:

(*10:1 Students/Staff ratio is required as chaperones. Chaperones must have cleared the volunteer process before attending.*) (*if more than 5 staff travelers, please list additional chaperones on second page*)

Name: _____ Sub needed: ☐ Sub Account #: _____

Name: _____ Sub needed: ☐ Sub Account #: _____

Name: _____ Sub needed: ☐ Sub Account #: _____

Name: _____ Sub needed: ☐ Sub Account #: _____

Name: _____ Sub needed: ☐ Sub Account #: _____

TRIP LOGISTICS

Travel Mode: District bus/vehicle: ☐   Acct Code for transportation: _____

Misc: Admission: ☐ District funded Trip ☐   Acct Code for Admission:_____

APPROVALS

Teacher:	Date:
Building Administrator:	Date:
Superintendent Designee:	Date:

Please submit to the Department of School Programs for approval at least 1 Month before Trip

FIELD TRIP APPLICATION

ADDITIONAL STAFF CHAPERONES:
(*10:1 Students/Staff ratio is required as chaperones. Chaperones must have cleared the volunteer process before attending.*)

Name: _____   Sub needed: ☐   Sub Account #: _____

Name: _____   Sub needed: ☐   Sub Account #: _____

Name: _____   Sub needed: ☐   Sub Account #: _____

Name: _____   Sub needed: ☐   Sub Account #: _____

Name: _____   Sub needed: ☐   Sub Account #: _____

Name: _____   Sub needed: ☐   Sub Account #: _____

Name: _____   Sub needed: ☐   Sub Account #: _____

Name: _____   Sub needed: ☐   Sub Account #: _____

Name: _____   Sub needed: ☐   Sub Account #: _____

Name: _____   Sub needed: ☐   Sub Account #: _____

Name: _____   Sub needed: ☐   Sub Account #: _____

Name: _____   Sub needed: ☐   Sub Account #: _____

Name: _____   Sub needed: ☐   Sub Account #: _____

Please submit to the Department of School Programs for approval at least 1 Month before Trip