

ST. HELENA UNIFIED SCHOOL DISTRICT

Field Trip Request Form: DAY FIELD TRIP OVERNIGHT FIELD TRIP

For use in submitting request to the Board of Trustees: Forms are to be submitted to site Principal 6 weeks in advance of trip. Principal shall forward to Superintendent who will place it on Board agenda for review/approval at least one month prior to field trip. Please attach an itinerary.

Faculty Sponsor: _____ Today's Date: _____

School Participating: SHPS SHES RLS SHHS Trip Date: _____

Destination: _____

Destination Address: _____

Purpose of Field Trip: _____

Method of Transportation: Private Vehicle Bus School Van Walking Air

Date Transportation Request was submitted: _____

RULING OF THE BOARD OF TRUSTEES:

Students going on a school-sponsored trip must go and return by the same mode of transportation. Exceptions may be granted upon the completion of the Student Alternate Transportation Form by a parent or guardian with prior approval by the Principal. The teacher in charge of the students is responsible for the enforcement of this ruling.

Overnight Accommodations: _____

Class Coverage: Substitute Required ** _____ # Class Period(s)/or _____ Total School Days
 No Substitute Required Internal Coverage Confirmed

Swimming or other related activity: No Yes (if yes, attach Form D)

Number of School Days off Site (including fraction of day): _____ Total Number of Students: _____

Total Number of Chaperones/Faculty (21 years or older): _____ Chaperone has been provided guidelines ____ initial

Student/Chaperone Ratio (min. 10:1): _____ : _____

TO DESTINATION:

Departure Date: _____ Location: _____ Time: _____

Arrival Date: _____ Location: _____ Time: _____

ADDITIONAL STOPS (IF ANY):

Departure Date: _____ Location: _____ Time: _____

Arrival Date: _____ Location: _____ Time: _____

FROM DESTINATION: Departure Date: _____ Location: _____ Time: _____

Arrival Date: _____ Location: _____ Time: _____

Departure Date: _____ Location: _____ Time: _____

Arrival Date: _____ Location: _____ Time: _____

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ESTIMATED COSTS:

Items	Cost Per Pupil/Trip	Total
Transportation		
Bridge Toll/Parking Fees		
Students		
Substitute		
Teacher/Chaperones		
TOTAL COST OF TRIP		\$

FUNDING SOURCE(S):

\$_____ District \$_____ Grant *Fundraising No Charge Other _____
(pre-approved)

The cost per pupil for this trip is \$_____. The District will not contribute funding for SHHS. If full funding is not secured by outside sources, this trip will not take place.

Please note, teacher is responsible to have bridge and parking fees available during trip.

Principal Approval: _____ District Office Approval: _____