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

Today's Date: ____________ School: ____________ Group: ____________

Destination of Trip: ____________________________ (City and State)

Date Leaving: ____________ Time: ____________ Date Returning: ____________ Time: ____________

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

Number of Students Attending: ____________ Number of Supervisors: ____________

Name of Supervisors: ____________________________

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

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.

Rev-eg 4/25/07
LOCAL FIELD TRIPS

The following items must be checked off as completed PRIOR to submitting field trip request for principal and/or APED approval for local field trips.

1. ___ Educational Trip (relevance to current unit of study)

2. ___ Transportation Needs
   ___ School Bus (must have bus request and/or copy for submittal to transportation)
   ___ Personal Private Vehicle (must submit Personal Automobile Insurance verification with field trip request)
   ___ Chartered and/or rented vehicles (must submit a current insurance certificate and an endorsement of additional covered interest naming ESUHSD as additional insured attached to the field trip request). If renting a van with 10 (or more) passengers, including driver, designated driver must have a Class A driver’s license.

3. ___ Cost to Students (no student will be excluded from a field trip because of lack of funds)
   ___ Provisions have been made for those students who cannot afford to come up with funds of their own.

4. ___ Must have Principal/APED approval

OUT OF STATE/BEYOND 60 MILES

The following items must be checked off as completed PRIOR to submitting field trip request for Superintendent/Board approval.

1. ___ Educational Trip (relevance to current unit of study)

2. ___ Transportation Needs
   ___ School Bus (must have bus request and/or copy attached for submittal to transportation)
   ___ Personal Private Vehicle (must submit Personal Automobile Insurance verification with field trip request)
   ___ Chartered and/or rented vehicles (must submit a current insurance certificate and an endorsement of additional covered interest naming ESUHSD as additional insured attached to the field trip request). If renting a van with 10 (or more) passengers, including driver, designated driver must have a Class A driver’s license.
   ___ Air Travel (must submit an itinerary attached to the field trip request)

3. ___ Cost to Students (no student will be excluded from a field trip because of lack of funds)
   ___ Provisions have been made for those students who cannot afford to come up with funds on their own.

4. ___ Itinerary of Events (for all trips out of state, overnight and beyond 60 miles)

5. ___ Must have Principal/APED approval