"OVERNIGHT TRIPS AND TRIPS INVOLVING AIR TRAVEL MUST BE RECEIVED BY THE DISTRICT OFFICE AT LEAST EIGHT WEEKS PRIOR TO REQUESTED DATE"

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

Today's Date:	School: _		Group:		Student P	Preparation	.			
Destination of Trip	:	(City and Stat	-)		(:-1:	f. 1 -1-41:	:-1:		
						(special instructions, funds, clothing, special equipment or training, release form , etc.)				
Date Leaving:	Time:	_ Date Returning	:	Րime:	Potential	Hazards &	z Appropriate Co	ontingency (if nece	essary):	
Purpose of Trip: (ie., college visit, educational trip, student conferences, field study)										
						How expenses (if any) will be reised.				
Number of Students Attending: Number of Supervisors: Name of Supervisors:						How expenses (if any) will be raised:				
Name of Supervisor	rs:									
					Cost to Pupils: _		How Paid:			
Transportation Needs: (ie., chartered bus, personal private vehicle, public transportation, school bus, air travel, etc.)					Provisions for students who cannot afford to come up with funds on their					
(ie.,	, chartered bus, personal priv	ate vehicle, public trans	sportation, school bu	s, air travel, etc.)	own (if ap	oplicable) _				
Insurance Needs: _					-					
PLEASE CA	ALL TRANSPORTATI	ON TO RESERV	E DISTRICT BU	US(ES). ATTAC	H BUS REQ	UEST IF D	ISTRICT IS PRO	OVIDING TRANSI	PORTATION.	
Charge Ac	count Number:		/	/	/			_/		
Number of	Subs Required:		Period(s)			/				
Charge Ac	count Number:			/		/	/			
Relevance of this fie	eld trip to current uni	t of study/prograi	n goals:							
LESSON OBJECTIVES OF TRIP						MEASURE	MEASUREMENT OF LESSON OBJECTIVES			
School Approvals:							strict Approval:			
	Signature (Teacher Initiating	ng Request)	Teacher Extension	# *Principa	/Site Administra	ator		Superintendent/D	pistrict Designee	

^{*} My signature assures that every student going on this field trip has completed and returned a Field Trip Authorization & Release form.