

New Haven Unified School District
FIELD TRIP REQUEST
OVERNIGHT / OUT OF STATE

Certificated Teacher(s) _____ Today's Date _____

Group/Grade Level _____ School _____

Day(s) & Date(s) of Trip _____ to _____ Swimming Included Yes No

Destination _____ Wheelchair Accessible Yes No
of chairs needed _____

Address _____ City _____

Other Destination(s) _____

Instructional objectives to be accomplished by students (attach itinerary or lesson plans) _____

Student(s) require specialized health care procedure(s)? Yes No Student Name(s) _____

Describe (what, when, how) for each student _____

Name & Role of person who administers procedure _____ This person is assigned to my site a full day Yes No

Expenses: Transportation _____ Other _____ Total _____

Funding: ASB _____ Grant _____ Donations _____ Budget Code _____

Meals: Breakfast Lunch Dinner Number of Participants: Pupils _____ School Staff _____ Chaperones _____
Must be age 21 or older

Transportation (check all that apply)

Schedule

<input type="checkbox"/> District Bus	<input type="checkbox"/> Round Trip	<input type="checkbox"/> One way take	<input type="checkbox"/> One way return	Departure Date:	
<input type="checkbox"/> Charter Bus (Specify): <small>* pre-approval required</small>	<input type="checkbox"/> Round Trip	<input type="checkbox"/> One way take	<input type="checkbox"/> One way return	Departure Time:	
<input type="checkbox"/> BART	<input type="checkbox"/> Round Trip	<input type="checkbox"/> One way take	<input type="checkbox"/> One way return	Return Time:	
<input type="checkbox"/> Train	<input type="checkbox"/> Round Trip	<input type="checkbox"/> One way take	<input type="checkbox"/> One way return		
<input type="checkbox"/> Airplane	<input type="checkbox"/> Round Trip	<input type="checkbox"/> One way take	<input type="checkbox"/> One way return	Return Date:	
<input type="checkbox"/> Other (Specify):	<input type="checkbox"/> Round Trip	<input type="checkbox"/> One way take	<input type="checkbox"/> One way return	Departure Time:	
<input type="checkbox"/> Private Vehicle (Specify):	<input type="checkbox"/> Round Trip	<input type="checkbox"/> One way take	<input type="checkbox"/> One way return	Return Time:	
*Driver Name(s): _____					
<small>Pre-approved Driver Data form must be on file for each driver</small>					

Assurances (review and check all)

- Each participating student will submit a signed Voluntary Excursion/Field Trip Permission/Medical Authorization and Waiver of Liability form. If swimming activities are included, appropriate permission will be submitted.
- Chaperones will be screened and are twenty-one (21) years of age or older.
- Names of participating students and chaperones will be submitted to Principal/Designee and Driver(s) prior to trip departure.
- A detailed itinerary will be submitted to Principal and Transportation Department 72-hours prior to trip departure.
- No student has been excluded from this trip due to lack of sufficient funds (attach parental notification, including donation requests).
- I have reviewed the district Field Trip Manual at <http://www.nhusd.k12.ca.us/node/1136> and student fees info at <http://vimeo.com/28082510>

Private Vehicle (when applicable):

- Driver Data Sheets are currently on file for all drivers -or- will be received by the Division of Teaching & Learning no less than 4-weeks prior to trip departure.
- A list of drivers and passengers in each vehicle will be submitted to the Principal prior to trip departure.

Sub Requested Full Day 1/2 AM / Period(s) _____ 1/2 PM / Period(s) _____

Certificated Teacher _____ Date _____

Site Administrator _____ Approve Deny Date _____

District Administrator _____ Approve Deny Date _____

Superintendent _____ Approve Deny Board Date _____

Transportation _____ Approve Deny Date _____