



CENTRAL VALLEY
SCHOOL DISTRICT #356

Extracurricular and Instructional Field Trip Request Form

Instructions: Please complete this three-part form. In addition to the electronic transportation form online, obtain principal's signature for approval, then forward to the appropriate director for approval. Online transportation request does **not** constitute field trip permission.

* Charters must be preapproved

Today's date ____ / ____ / ____

❖ Important: All requests for field trips must be submitted on this form and must be received by the appropriate executive director **no less than seven (7)** working days prior to the date of the trip or it may be denied.

School _____ Trip Date _____

Load time _____

Return load time _____

Group/Grade/Period _____ Departure time _____ Arrival back at school _____

Extra Curricular

Co-Curricular

Instructional Field Trip

Purpose of Trip _____

Learning Objectives _____

Number of students _____ Number of adults _____ Staff Names _____

Destination (include addresses) _____

Person responsible for trip _____ Phone _____

Dept. Coordinator Approval _____ Date ____ / ____ / ____

Principal Approval _____ Date ____ / ____ / ____

Executive Director/Director Approval _____ Date ____ / ____ / ____

(where applicable)

Instructional Building Budget

Activity (GSL trips only)

Alternate Account Number

ASB

If no account number is specified, trips will AUTOMATICALLY be billed instructional.

Total Miles: _____

Transportation Fee \$ _____

Number of Hours Sub Required: _____

Estimated Sub Costs \$ _____

Sub Budget Code: _____

Estimated Total \$ _____

White: Transportation
Yellow: Executive Director
Pink: School and/or School Nurse

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