DELHI UNIFIED SCHOOL DISTRICT
REQUEST FOR DAY / OVERNIGHT FIELD STUDIES TRIP
(To allow for processing, field trips must be submitted one month prior to scheduled trip)

Destination: _____ School/Organization: _____

During School Days: Yes ☐   No ☐   Day Trip ☐ Overnight Trip ☐

Date of Departure: _____Time_____ a.m. ☐ p.m. ☐ Date of Return:: _____Time_____ a.m. ☐ p.m.☐

Purpose of trip:
_____

Brief Itinerary: _____
_____
_____

Name of Requestor: _____ Date: _____

If male and female students are attending, male and female chaperones must also attend in the ratio of 1 to 10 for overnight. Chaperones must be age 21 or older.

Number of female students attending: _____   Number of male students attending: _____

Number of female chaperones attending (1:10): _____   Number of male chaperones attending (1:10) : _____

Names of **FEMALE** chaperones	Teacher/Parent/Other (If "other" please specify)	Names of **MALE** chaperones	Teacher/Parent/Other (If "other" please specify)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For additional chaperones – continue on second page

Type of transportation (District bus, District van, charter bus, etc): _____

A request for transportation MUST be sent to the Transportation Department, including the use of charter transportation. (2 weeks in advance)
If sack lunches are to be prepared, a request for food services should be sent to the Food Service Department. (2 weeks in advance)

Name of funding source: _____ Cost for School: $ _____ Cost per student: $_____

For Office Use Only
❏   Fingerprint clearance for chaperones confirmed (full screening required for overnight trips)
❏   Megan's Law clearance chaperones confirmed (required for day trips)
❏   Not Applicable - Chaperones are Delhi Unified School District Staff

Your field trip request has been: ☐ Approved   ☐ Denied

_____   _____
Signature of authorizing Administrator Name   Date

DISTRICT ACTION FOR OVERNIGHT TRIPS

Your field trip request has been: ☐ Approved   ☐ Denied

_____   _____
Superintendent/Designee Signature Name   Date

DELHI UNIFIED SCHOOL DISTRICT
REQUEST FOR DAY / OVERNIGHT FIELD STUDIES TRIP

ADDITIONAL CHAPERONES

Names of **FEMALE** chaperones	Teacher/Parent/Other (If "other" please specify)	Names of **MALE** chaperones	Teacher/Parent/Other (If "other" please specify)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST OF STUDENTS ATTENDING

Female students attending	Male students Attending