

**KELSO HIGH SCHOOL
FIELD TRIP REQUEST**

Form B – Overnight

Housing	Name of motel(s)/hotel(s) on trip: _____ Phone number(s) of motel(s)/hotel(s): _____
Chaperones	Name of Administrator/Appointee on trip: _____ Chaperones: (Must be 10-fingerprinted approved and must be a ratio of no more than 20 students to each chaperone. Male: _____ Female: _____ _____ _____ Special Needs Chaperones: _____ _____
Student Care	Food accommodations: _____ Who is paying: _____ Amount per student: _____
Administrative	Office Use Only <input type="checkbox"/> Appropriateness <input type="checkbox"/> Risk Management Approval <input type="checkbox"/> Instruction of Participants <input type="checkbox"/> Instruction of Chaperones <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Activities Coordinator

Distribution: White-Activities Coordinator; Yellow-Club/Activity Advisor/Teacher