

KELSO HIGH SCHOOL

FIELD TRIP REQUEST

Form A

Organization involved: _____ Date of trip: _____ Date Requested: _____

Reason for trip: _____

Destination: _____ Departure Time: _____ Return Time: _____

☐ If this is overnight or out-of-state travel, Form B request for administration and school board approval is attached. (**Allow four weeks from the date to submit this form**).

S u p e r v i s i o n	Teacher in charge: _____ Adult chaperones: _____ _____ _____ Name of CPR Certified Chaperone (required): _____ All chaperones must be 10-fingerprinted and volunteer approved by HR	Number of students involved: _____ ♦A typed list of preliminary students attending is required before approval will be made. ♦Final list is to be turned into the Attendance Office before departure.																				
T r a v e l	<input type="checkbox"/> School Bus <input type="checkbox"/> Attached is a KSD bus trip ticket to reserve school bus(es). <input type="checkbox"/> KHS Van <input type="checkbox"/> Attached is a KSD Van Request to reserve Van(s) <input type="checkbox"/> I am certified to drive the van. <input type="checkbox"/> Charter Bus <input type="checkbox"/> Charter bus has been approved by transportation. <input type="checkbox"/> CFO has signed a contract. <input type="checkbox"/> Air <input type="checkbox"/> Tickets have been arranged & form B and rooming list are attached.																					
P a p e r w o r k	<input type="checkbox"/> Parent Permission forms with emergency information are on file for each student. <input type="checkbox"/> Student conduct and expectations have been discussed and provided in written form <input type="checkbox"/> Chaperone conduct and expectations have been discussed and provided in written form <input type="checkbox"/> Itinerary has been given to parents, secretaries, administrators and attached to this form. <input type="checkbox"/> List of students attending field trip attached <input type="checkbox"/> School/District Nurse has been notified 3 weeks prior to field trip. <input type="checkbox"/> Field Trip Sack Breakfast/Lunches form completed (if meals are needed) and turned into Nutrition Services 10 day prior to trip <input type="checkbox"/> Advanced Travel Funds Request attached if funds are needed for meals, registration, other <input type="checkbox"/> If travel is overnight or out of state form B and Rooming List are so required. <input type="checkbox"/> If Field Trip takes place on a Sunday, Sunday Activity request is required and must be board approved.																					
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OFFICE USE ONLY

School/District Nurse Approved: _____

Nurse's Signature

☐ Approved ☐ Denied

Administrator Signature

☐ Placed on Google Calendar & Website Calendar by Front Office Clerk Initials: _____

